STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932589	**11/20/2018**
NAME OF PROVIDER OR SUPPLIER **THE GARDENS OF PORT ST. LUCIE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1699 SE LYNGATE DRIVE** **PORT SAINT LUCIE, FL 34952**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018014839, was conducted on 11/20/2018 at The Gardens of Port St Lucie, License #8077. The facility had no deficiencies at the time of the survey.

(An unannounced Relicensure revisit survey was conducted with the above licensure complaint survey. Please see separate report for findings.)

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