

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on 11/20/2018 at The Gardens of Port St. Lucie, License #8077. The previously cited deficiencies were found corrected on the day of the survey.

(An unannounced licensure complaint survey, CCR #2018014839, was conducted in conjunction with the above Relicensure revisit survey. Please see separate report for findings.)