STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969204	R **12/11/2018**
NAME OF PROVIDER OR SUPPLIER **HEAVENLY ADULT CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3934 SW KAKOPO ST** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services revisit survey was conducted on 12/11/18 at Heavenly Adult Care LLC, License # 13020. The outstanding deficiency was found corrected.