STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969473	**12/27/2018**
NAME OF PROVIDER OR SUPPLIER **NAINA'S ANGELIC HANDS ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6260 NW TOPAZ WAY** **PORT SAINT LUCIE, FL 34983**	

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

0000 - Initial Comments

An announced Initial Assisted Living Facility licensure survey for a capacity of 6 was conducted on 12/27/2018, at Naina's Angelic Hands Assisted Living LLC. The facility had no deficiencies identified at the time of the survey.