STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967743	R **01/18/2019**
NAME OF PROVIDER OR SUPPLIER **NEW LIFE ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1301 WYOMING AVE** **FORT PIERCE, FL 34982**	

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

0000 - Initial Comments

An unannounced Relicensure third revisit survey was conducted by desk review on 01/18/2019 for New Life Assisted Living Inc, License #11797. The previously cited deficiency was found corrected at the time of the survey.