STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967239	R **02/13/2019**
NAME OF PROVIDER OR SUPPLIER **JOHANNA'S ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1958 DORADO LN** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An unannounced 3rd Revisit to the relicensure survey was conducted on 02/13/19 as a desk review for Johanna's Assisted Living Inc., License #11332. A previously cited deficiency was found corrected.