

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969328	(X3) DATE SURVEY COMPLETED R 02/27/2019
NAME OF PROVIDER OR SUPPLIER FABULOUS RESORT ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1762 SE CARVALHO ST PORT SAINT LUCIE, FL 34983	

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

0000 - Initial Comments

An unannounced licensure complaint second revisit survey, CCR #2018007849, was conducted by desk review on 02/13/2019 and 02/27/2019 for Fabulous Resort ALF LLC, License #13125. The previously cited deficiency was found corrected and the time of the survey.