STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968808	R **03/21/2019**
NAME OF PROVIDER OR SUPPLIER **VIOLET GARDENS ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **372 SW TODD AVENUE** **PORT SAINT LUCIE, FL 34983**	

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

0000 - Initial Comments

An unannounced revisit for the Change of Ownership (CHOW) survey was conducted on 03/21/19 at Violet Gardens ALF LLC, License #12687. The facility had no deficiencies at the time of the revisit.