

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/16/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968469	(X3) DATE SURVEY COMPLETED R 04/01/2019
NAME OF PROVIDER OR SUPPLIER TOUCH OF GRACE ASSISTED LIVING FACILITY, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3425 SW RIVERA STREET PORT SAINT LUCIE, FL 34953	

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

0000 - Initial Comments

An unannounced revisit to the licensure complaint survey, CCR #2018015746 was conducted on 04/01/2019 at Touch of Grace Assisted Living Facility, LLC, License #12380. The previously cited deficiencies were found corrected at the time of the survey.