

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968808	(X3) DATE SURVEY COMPLETED R 03/27/2019
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

A second revisit to the licensure complaint survey, CCR #2018007852 was conducted by desk review on 03/27/2019 for Violet Gardens ALF LLC, License #12687. The previously cited deficiency was found corrected.