

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968808	(X3) DATE SURVEY COMPLETED 04/11/2019
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 Limited Nursing Services (LNS) Monitoring survey was conducted on 4/11/2019 at Violet Gardens ALF, LLC, License #12924. The facility had no deficiencies at the time of the survey.