

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/21/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965169	(X3) DATE SURVEY COMPLETED R 05/06/2019
NAME OF PROVIDER OR SUPPLIER ATRIA PORT ST LUCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 9825 S. U.S. HIGHWAY 1 PORT SAINT LUCIE, FL 34953	

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

0000 - Initial Comments

A revisit to the relicensure survey was conducted at Atria Port St Lucie on 05/06/2019 . The deficieincies were found to be corrected at the time of the survey.