STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968833	R **05/06/2019**
NAME OF PROVIDER OR SUPPLIER **LOVING CARE OF THE TREASURE COAST, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2102 SW LARCHMONT LANE** **PORT SAINT LUCIE, FL 34984**	

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

0000 - Initial Comments

A revisit to the biennial survey was conducted at Loving Care Of The Treasure Coast , LLC on 05/06/2019 . Previously cited deficiencies were found corrected.