STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969204	R **05/24/2019**
NAME OF PROVIDER OR SUPPLIER **HEAVENLY ADULT CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3934 SW KAKOPO ST** **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 Heavenly Adult Care LLC on 05/24/19 . The facility had no deficiencies at the time of the survey.