

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/25/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968054	(X3) DATE SURVEY COMPLETED 06/13/2019
NAME OF PROVIDER OR SUPPLIER SOARING EAGLE INVESTMENT ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1568 SW CALIFORNIA BLVD PORT SAINT LUCIE, FL 34953	

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

0000 - Initial Comments

An Generator Assessment Monitoring survey was conducted at Soaring Eagle Investment Assisted Living Facility LLC on The provider had no deficiencies at the time of the visit.