| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968585** | R-C<br>**03/17/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**A BETTER CARE LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**308 SOUTH 30TH STREET**<br>**FORT PIERCE, FL 34947** | |

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

**0000 - Initial Comments**

On 3/17/2017, a Revisit survey for CCR #2016014368, was conducted at A Better Care LLC, license #12524. The facility had no deficiencies identified at the time of the survey.