STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969183	**04/10/2017**
NAME OF PROVIDER OR SUPPLIER **CARING HANDS OF THE TREASURE COAST LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4022 SW BAMBERG ST** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

On 04/10/2017, an Initial Assisted Living Facility Licensure survey for a capacity of 6 was conducted at Caring Hands of the Treasure Coast. The facility had no deficiencies identified at the time of the survey.