

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964446	(X3) DATE SURVEY COMPLETED 08/11/2014
NAME OF PROVIDER OR SUPPLIER Isles Of Vero Beach	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Waterford Drive Vero Beach, FL 32966	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-08/11/2014

0030-Resident Care - Rights & Facility Procedures-08/11/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to complaint survey, (CCR #2014006200), was conducted on August 11, 2014. Isles of Vero Beach had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 26, 2014

Administrator
Isles Of Vero Beach
1700 Waterford Drive
Vero Beach, FL 32966

RE: CCR #2014006200

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on August 11, 2014 by a representative of this office. Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


 Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

