

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/03/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968328	(X3) DATE SURVEY COMPLETED 05/26/2016
NAME OF PROVIDER OR SUPPLIER VELROSE ASSISTED LIVING FACILITY II	STREET ADDRESS, CITY, STATE, ZIP CODE 4665 HIDDEN LAKES PLACE MELBOURNE, FL 32934	

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

0000 Initial Comments

Relicensure survey was conducted on 5/26/2016. Velrose Assisted Living Facility II (License#12208) did not have any deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 3, 2016

Administrator
Velrose Assisted Living Facility II
4665 Hidden Lakes Place
Melbourne, FL 32934

RE: Re-licensure survey

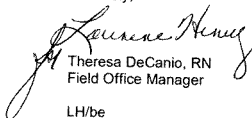
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on May 26, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

1GGN

