

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964446	(X3) DATE SURVEY COMPLETED R 05/20/2019
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Revisit survey to complaint CCR #2018016468 was conducted as a desk review for Isles Of Vero Beach on 05/20/2019 . Previously cited deficiencies were found corrected.