

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/10/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968589	(X3) DATE SURVEY COMPLETED 02/06/2014
NAME OF PROVIDER OR SUPPLIER Rainbow Gardens Of Vero Beach, Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 4535 56th Avenue Vero Beach, FL 32967	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An Assisted Living Facility with Limited Nursing Services (LNS) initial licensure survey for a 5 bed facility was conducted on 02/06/2014. Rainbow Gardens of Vero Beach Inc. had no licensure deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 11, 2014

Administrator
Rainbow Gardens Of Vero Beach, Inc.
4535 56th Avenue
Vero Beach, FL 32967

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on February 6, 2014 by a representative from 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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