

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/15/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967874	(X3) DATE SURVEY COMPLETED 07/07/2015
NAME OF PROVIDER OR SUPPLIER ANGEL CARE AT VERO BEACH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1130 7 AVENUE VERO BEACH, FL 32960	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2015004529, was conducted on July 7, 2015 at Angel Care At Vero Beach Inc. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 21, 2015

Administrator
Angel Care At Vero Beach Inc
1130 7 Avenue
Vero Beach, FL 32960

RE: CCR #2015004529

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 7, 2015 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (561) 381-5840.

Sincerely,

[Signature]
Arlene Mayo-Davis
Field Office Manager

AMD/jw

8JK1

