

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964446	(X3) DATE SURVEY COMPLETED 08/29/2016
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 On 08/29/2016, a Monitoring survey was conducted at Isles of Vero Beach, license number 9095. Deficient practice was not identified during the survey.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 12, 2016

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

RE: Monitoring Survey

Dear Administrator:

This letter reports the findings of a Monitoring survey completed on August 29, 2016 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,

A handwritten signature in dark ink, appearing to read "Arlene Mayo-Davis", is written over the typed name.

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com



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