STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968058	**03/20/2017**
NAME OF PROVIDER OR SUPPLIER **SALUS SENIOR SERVICES**	STREET ADDRESS, CITY, STATE, ZIP CODE **2400 NEW YORK ST** **MELBOURNE, FL 32904**	

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

0000 - Initial Comments

An abbreviated re-licensure survey was conducted on 03/20/2017. Salus Senior Services, License#12001, had no deficiencies at the time of the visit.