STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965677	R **07/03/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE VERO BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **2425 20TH STREET** **VERO BEACH, FL 32960**	

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

0000 - Initial Comments

A desk review revisit to the Relicensure survey was conducted on 06/26/2017 and 07/03/2017 for Brookdale Vero Beach , License # 10057. The facility had no deficiencies at the time of the visit.