

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965283	(X3) DATE SURVEY COMPLETED R 07/13/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE VERO BEACH SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 420 4TH COURT VERO BEACH, FL 32962	

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

0000 - Initial Comments

A desk review revisit survey to the Limited Nursing Services monitoring survey was conducted on 07/13/2017 for Brookdale Vero Beach South, FL, License # 8798. The facility had no deficiencies at the time of the revisit.