STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964446	R **07/20/2017**
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

A Revisit survey to CCR #2017003664 was conducted on 07/20/2017 at Isles of Vero Beach, license #9095. The facility had no uncorrected deficiencies at the time of revisit.