| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969271** | **09/22/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**RENAISSANCE SENIOR LIVING** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2100 10TH AVE**<br>**VERO BEACH, FL 32960** | |

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

**0000 - Initial Comments**

An announced Initial licensure survey for a 70 bed Assisted Living Facility (ALF) with Limited Nursing Services (LNS) was conducted on September 22, 2017 at Renaissance Senior Living. The facility had no deficiencies found at the time of the visit.