

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964446	(X3) DATE SURVEY COMPLETED 10/23/2017
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 Complaint Investigation, CCR's #2017007798 and #2017009015, was conducted on 10/23/17 at Isles of Vero Beach, license #9095. The facility did not have deficiencies identified at the time of the investigation.		