STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963720	**10/23/2017**
NAME OF PROVIDER OR SUPPLIER **SOLARIS SENIOR LIVING VERO BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **3855 INDIAN RIVER BLVD VERO BEACH, FL 32960**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring survey was conducted at Solaris Senior Living Vero Beach on 10/23/17, license #8672. The facility had no deficiencies identified at the time of the survey.