

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965283	(X3) DATE SURVEY COMPLETED R 11/22/2017
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 was completed on 11/15/2017 - 11/22/2017 for Brookdale of Vero Beach South (Lic#9671). All outstanding deficiencies were corrected.