STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968912	R **12/04/2017**
NAME OF PROVIDER OR SUPPLIER **VELROSE ASSISTED LIVING FACILITY 3**	STREET ADDRESS, CITY, STATE, ZIP CODE **4457 PARKWAY DR** **MELBOURNE, FL 32934**	

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

0000 - Initial Comments

A Revisit to a re-licensure survey was conducted on 12/4/2017. Velrose Assisted Living Facility #3 (License #12741) had no deficiencies at the time of the visit.