

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964446	(X3) DATE SURVEY COMPLETED R 01/09/2018
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

On 01/09/18, a Desk Review Revisit was conducted for Isles of Vero Beach, license #9095. All previously cited deficiencies were corrected.