

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963720	(X3) DATE SURVEY COMPLETED 01/31/2018
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 Relicensure survey was conducted on 01/30/18 and 01/31/18 at Solaris Senior Living Vero Beach, License #8672. The facility had no deficiencies at the time of the visit.