

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967874	(X3) DATE SURVEY COMPLETED R 03/16/2018
NAME OF PROVIDER OR SUPPLIER ANGEL CARE AT VERO BEACH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1130 7 AVENUE VERO BEACH, FL 32960	

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

0000 - Initial Comments

A licensure complaint revisit survey, CCR #2017013273 was conducted by desk review for Angel Care at Vero Beach, License #11859 on 03/16/2018. All outstanding deficiencies were corrected.