

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967321	(X3) DATE SURVEY COMPLETED 04/10/2018
NAME OF PROVIDER OR SUPPLIER VELROSE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 1064 BRIARWOOD BLVD NE PALM BAY, FL 32905	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An Abbreviated re-licensure survey was conducted on 4/10/2018. Velrose Assisted Living Facility (License# 11342) had no deficiencies at the time of the visit.		