STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967874	R **04/27/2018**
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

An unannounced Relicensure survey revisit was conducted on April 23, 2018 and April 27, 2018 at Angel Care At Vero Beach Inc, License #11859. Previously cited deficiencies were found corrected.