STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964062	**04/18/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE VERO BEACH SOUTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **410 4TH COURT** **VERO BEACH, FL 32962**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services Monitoring survey was conducted on 4/18/18 at Brookdale Vero Beach South, license #8798. The facility had no deficiencies at the time of the visit.