| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968218** | R<br>**04/23/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**VETA'S WE CARE ASSISTED LIVING FACILITIES** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**510 SEBASTIAN CROSSING BLVD**<br>**SEBASTIAN, FL 32958** | |

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

**0000 - Initial Comments**

An unannounced revisit to the Re-licensure survey was conducted on April 23, 2018 at Veta's We Care Assisted Living Facilities, License #12154 . Previously cited deficiencies were found corrected.