STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968328	**05/24/2018**
NAME OF PROVIDER OR SUPPLIER **VELROSE ASSISTED LIVING FACILITY II**	STREET ADDRESS, CITY, STATE, ZIP CODE **4665 HIDDEN LAKES PLACE** **MELBOURNE, FL 32934**	

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

0000 - Initial Comments

An abbreviated Relicensure survey was conducted on 5/24/18. Velrose Assisted Living Facility II, License #12208.
did not have any deficiencies at the time of the visit.