

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967874	(X3) DATE SURVEY COMPLETED R 09/17/2018
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 Revisit to complaint investigation CCR #2018004618 was conducted on September 17, 2018 at Angel Care At Vero Beach Inc., License # 11859. The facility had no uncorrected deficiencies at the time of the visit.