

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965283	(X3) DATE SURVEY COMPLETED R 09/17/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE VERO BEACH SOUTH	STREET ADDRESS, CITY, STATE, ZIP CODE 420 4TH COURT VERO BEACH, FL 32962	

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

0000 - Initial Comments

An unannounced Revisit to complaint investigation CCR #2018003828 was conducted on September 17, 2018 at Brookdale Vero Beach South, License # 9671. The facility had no uncorrected deficiencies at the time of the visit.