STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964446	**10/04/2018**
NAME OF PROVIDER OR SUPPLIER **ISLES OF VERO BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1700 WATERFORD DRIVE** **VERO BEACH, FL 32966**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2018009965 and CCR#2018013615, were conducted on 10/04/18 at Isles of Vero Beach, License #9095. The facility had no deficiencies at the time of the visit.