

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910631	(X3) DATE SURVEY COMPLETED R 11/01/2018
NAME OF PROVIDER OR SUPPLIER FLORIDA BAPTIST RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1006 33RD STREET VERO BEACH, FL 32960	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted by desk review on 11/01/18 for Florida Baptist Retirement Center, License #3206. The facility corrected the outstanding deficiency at the time of the survey.