

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/16/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967874	(X3) DATE SURVEY COMPLETED R 12/13/2018
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 Change of Ownership (CHOW) Revisit survey was conducted on 12/13/18 at Angel Care at Vero Beach Inc, license # 11859 . The previously cited deficiencies were found corrected at the time of the survey.