STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968058	R **02/08/2019**
NAME OF PROVIDER OR SUPPLIER **SALUS SENIOR SERVICES**	STREET ADDRESS, CITY, STATE, ZIP CODE **2400 NEW YORK ST** **MELBOURNE, FL 32904**	

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

0000 - Initial Comments

2/8/19 Desk review to complaint #2018004105 conducted. Salus Senior Services had no deficiencies at the time of this review.