STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963720	**06/04/2019**
NAME OF PROVIDER OR SUPPLIER **SOLARIS SENIOR LIVING VERO BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **3855 INDIAN RIVER BLVD** **VERO BEACH, FL 32960**	

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

0000 - Initial Comments

A licensure complaint survey, complaint number 2019003677, was conducted on 06/04/19 at Solaris Senior Living Vero Beach. The facility had no deficiencies at the time of the survey.