STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968912	R **08/12/2019**
NAME OF PROVIDER OR SUPPLIER **VELROSE ASSISTED LIVING FACILITY 3**	STREET ADDRESS, CITY, STATE, ZIP CODE **4457 PARKWAY DR** **MELBOURNE, FL 32934**	

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

0000 - Initial Comments

A revisit to a generator monitoring was conducted at Velrose Assisted Living Facility #3 on 8/12/2019. Deficiencies were found to be corrected at the time of the survey.