STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968328	**08/30/2019**
NAME OF PROVIDER OR SUPPLIER **VELROSE ASSISTED LIVING FACILITY II**	STREET ADDRESS, CITY, STATE, ZIP CODE **4665 HIDDEN LAKES PLACE** **MELBOURNE, FL 32934**	

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

0000 - Initial Comments

A generator monitoring was conducted on 8/30/2019 at Velrose Assisted Living Facility II. The facility had no deficiencies at the time of the visit.