STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967321	**08/30/2019**
NAME OF PROVIDER OR SUPPLIER **VELROSE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1064 BRIARWOOD BLVD NE** **PALM BAY, FL 32905**	

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. The facility had no deficiencies at the time of the visit.