

Agency for Health Care Administration

|                                                                       |                                                                                                                                                                                                                                                     |                                                                                |                                                                                                                          |                          |                                                             |
|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11911702</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br>R<br><b>05/27/2020</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VICTORIA'S RETIREMENT HOME</b> |                                                                                                                                                                                                                                                     |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2233 NW 56TH AVENUE<br/>LAUDERHILL, FL 33313</b>                             |                          |                                                             |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                        | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                             |
| A 000                                                                 | Initial Comments<br><br>An unannounced revisit to licensure complaint #2019011128 was conducted by desk review on 05/27/2020 for Victoria's Retirement Home ALF . The previously cited deficiencies were found corrected at the time of the review. | A 000                                                                          |                                                                                                                          |                          |                                                             |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE