

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 10/31/2013  
FORM APPROVED

|                                                                                                        |                                                                                       |                                                     |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11968468</b>             | (X3) DATE SURVEY COMPLETED<br><br><b>10/29/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Victorian Manor Retirement<br/>Center Inc</b>                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4685 Chumuckla Hwy<br/>Pace, FL 32571</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                       |                                                     |

**Revisit Corrected Tags:**

0008-Admissions - Health Assessment-10/29/2013

0054-Medication - Records-10/29/2013

0000-Initial Comments

On October 29, 2013 at Victorian Manor Retirement Center assisted living facility, an unannounced revisit survey was conducted. There were no deficiencies found at the time of visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

October 31, 2013

Administrator  
Victorian Manor Retirement Center Inc  
4685 Chumuckla Hwy  
Pace, FL 32571

Dear Administrator:

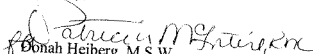
This letter reports the findings of a state licensure survey revisit conducted on October 29, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

  
Donah Heiberg, M.S.W.  
Field Office Manager

DH/pm  
Enclosure

DT9D

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2727 Mahan Drive  
Tallahassee, FL 32308  
<http://ahca.myflorida.com>



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