

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968468	(X3) DATE SURVEY COMPLETED 08/12/2014
NAME OF PROVIDER OR SUPPLIER Victorian Manor Retirement Center Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 4685 Chumuckla Hwy Pace, FL 32571	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced LNS/monitoring survey was conducted on 8/12/14. Victorian Manor Assisted Living Facility had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 14, 2014

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

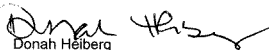
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on August 12, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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.shtm> 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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,


Donah Heiberg
Field Office Manager

DH/dh
Enclosure

1GGN

