STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968468	**07/20/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Limited Nursing Service Monitoring visit was conducted at Victoria Manor Assisted Living Facility on 07/20/2015. At the time of survey the facility met requirements.

A survey was conducted to increase Bed capacity from 50 to 55 beds. At the time of survey the facility met requirements.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 21, 2015

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

RE: Capacity Increase & LNS Survey

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on July 20, 2015 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.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 surveyo. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

1GGN

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