RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

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

RE: CCR #2016011862

Dear Administrator:

This letter reports the findings of a biennial standard survey with Limited Nursing Services and a complaint survey completed on , 2017 and , 2017 by representatives of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 surveyors. Should you have any questions, please contact me at 850-412-4540.

Sincerely,

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

DH/kb
Enclosure

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Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968468	01/04/2017
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

An unannounced biennial standard survey with Limited Nursing Services was conducted on 3-4, 2017 at Victorian Manor Retirement Center (license #12348). A complaint survey was conducted in conjunction for allegations contained within CCR #2016011862. Deficiencies were found at the time of the survey.

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on resident interview and staff interview, the facility failed to file an adverse incident report for an employee accused of stealing rings and credit card from 1 of 10 (#10) residents interviewed.

The findings are:

A resident interview was conducted with Resident #10 on / about 11:16 am. She related that an employee of the facility had stolen her rings and her credit card. She said a report had been filed with the sheriff's department.

An interview was conducted with the Administrator on / about 12:06 pm. She stated no adverse incidents had been reported since the last biennial. She was then asked about Resident #10's rings and credit card. She said the family filed the report and the police came to the facility to verify pictures of the employee. She stated the person was an employee of the facility. She stated, "No, I did not file the report because the resident's are locked and they have a key." She was asked if facility employees had access to the resident and she agreed they did.

Class III