

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968430	(X3) DATE SURVEY COMPLETED 01/18/2017
NAME OF PROVIDER OR SUPPLIER VICTORIA'S DEDICATED RETIREMENT HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6890 SW 39 TERR MIAMI, FL 33155	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Limited Mental Health Component Expansion Survey was conducted on 01/18/2017. Victoria's Dedicated Retirement Home (Lic #12325) had no deficiencies at time of the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 30, 2017

Administrator
Victoria's Dedicated Retirement Home Inc
6890 Sw 39 Terr
Miami, FL 33155

Dear Administrator:

This letter reports findings of a Limited Mental Health component expansion licensure survey that was conducted on January 18, 2017 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

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Enclosure

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