

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911702	(X3) DATE SURVEY COMPLETED 01/20/2017
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NAME OF PROVIDER OR SUPPLIER VICTORIA'S RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2233 NW 56TH AVENUE LAUDERHILL, FL 33313
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced licensure complaint survey, CCR# 2016012228, was conducted on 1/19/17 through 1/20/17 at Victoria ' s Retirement Home, License # 4973. The facility had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 1, 2017

Administrator
Victoria's Retirement Home
2233 Nw 56th Avenue
Lauderhill, FL 33313

RE: CCR# 2016012228

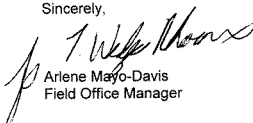
Dear Administrator:

This letter reports findings of a complaint survey that was conducted on January 20, 2017 by a representative 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 representative. Should you have any questions please call the field office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/ch
Enclosure: State Form 5000-3547

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