STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966453	R **02/28/2017**
NAME OF PROVIDER OR SUPPLIER **VICTORIA GARDEN ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3091 NW 43RD STREET** **LAUDERDALE LAKES, FL 33309**	

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

0000 - Initial Comments

A Change of Ownership relicensure desk review revisit survey was conducted on 2/28/17 for Victoria Garden ALF. The facility had no deficiencies identified at the time of the desk review.