

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 04/03/2017  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11922257</b>                     | (X3) DATE SURVEY COMPLETED<br><br><b>02/28/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VICTORIA GARDENS ALF</b>                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>701 WEST 9TH STREET<br/>RIVIERA BEACH, FL 33404</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                           |                                                                                                 |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>An unannounced licensure complaint survey (CCR#20166014156) was conducted at Victoria Gardens (license#5594) on 2/27/2017 and 2/28/17. There was no deficiencies found during the time of the survey.</p> <p>A relicensure survey was conducted in conjunction with this survey, on the same date. See separate report for findings.</p> |                                                                                                 |                                                     |