STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967447	**03/09/2017**
NAME OF PROVIDER OR SUPPLIER **VIZCAYA ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1621 NORTH OCEAN BLVD** **POMPANO BEACH, FL 33062**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on 3/8/2017 & 3/9/2017 at Vizcaya by the Sea Assisted Living (License#11555). There were no deficiencies found during the time of the survey.