STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922257	R **04/14/2017**
NAME OF PROVIDER OR SUPPLIER **VICTORIA GARDENS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **701 WEST 9TH STREET** **RIVIERA BEACH, FL 33404**	

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

0000 - Initial Comments

A desk review was completed on 4/14/17 as follow-up to the relicensure survey conducted at Victoria Gardens (License #5594). The facility had no deficiencies identified at the time of the review.