

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/26/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968468	(X3) DATE SURVEY COMPLETED R 03/18/2017
NAME OF PROVIDER OR SUPPLIER VICTORIAN MANOR RETIREMENT CENTER INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4685 CHUMUCKLA HWY PACE, FL 32571	

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

0000 - Initial Comments

A desk review revisit licensure survey was completed on March 18, 2017 for Victorian Manor Retirement Center (license #12348). Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.