

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910750	(X3) DATE SURVEY COMPLETED 05/10/2017
NAME OF PROVIDER OR SUPPLIER WILLIAMSBURG LANDING	STREET ADDRESS, CITY, STATE, ZIP CODE 1776 NORTHEAST 26TH STREET WILTON MANORS, FL 33305	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on May 10, 2017 at Williamsburg Landing ALF, License #7172. The facility had no deficiencies at the time of the visit.