

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911702	(X3) DATE SURVEY COMPLETED 10/24/2017
NAME OF PROVIDER OR SUPPLIER VICTORIA'S RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2233 NW 56TH AVENUE LAUDERHILL, FL 33313	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced licensure complaint survey, CCR#2017007658 was conducted on 10/24/17 at Victoria's Retirement Home, License #4973. The facility had no deficiencies at the time of the investigation.		