STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922257	R **01/16/2018**
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 for licensure complaint survey, CCR# 2017007607, was conducted on 1/16/17 for Victoria Gardens ALF, License # 5594. The facility had no deficiencies at the time of the desk review.