

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967447	(X3) DATE SURVEY COMPLETED 01/30/2018
NAME OF PROVIDER OR SUPPLIER VIZCAYA ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1621 NORTH OCEAN BLVD POMPANO BEACH, FL 33062	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2017011991, was conducted on 01/30/2018 at Vizcaya ALF, Inc, License #11555. The allegations were not substantiated. The facility had no deficiencies at the time of the investigation.