STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911702	R **04/27/2018**
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

A desk review revisit to the relicensure survey was conducted on 04/27/18 for Victoria's Retirement Home, License #4973. The facility had no deficiencies at the time of the desk review.