STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967718	R **04/27/2018**
NAME OF PROVIDER OR SUPPLIER **LEISURE LIVING OF VICTORIA PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **1700 NE 5TH STREET** **FORT LAUDERDALE, FL 33301**	

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

0000 - Initial Comments

An unannounced relicensure survey revisit was conducted on 04/27/2018 at Leisure Living of Victoria Park, License # 11760. The facility had no deficiencies at the time of the revisit.