STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968468	**02/12/2018**
NAME OF PROVIDER OR SUPPLIER **VICTORIAN MANOR RETIREMENT CENTER INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4685 CHUMUCKLA HWY** **PACE, FL 32571**	

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

0000 - Initial Comments

An unannounced limited nursing services monitoring visit was conducted at Victorian Manor Retirement Center (license# 12348) on February 12, 2018. No deficient practice was found at the time of the survey.