STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968468	**07/26/2018**
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 monitoring visit to complete a generator assessment was conducted at Victorian Manor Retirement Center, Inc. on 7/26/18. At the time of the visit, no deficient practice was identified.