

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966453	(X3) DATE SURVEY COMPLETED R 11/08/2018
NAME OF PROVIDER OR SUPPLIER VICTORIA GARDEN ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3091 NW 43RD STREET LAUDERDALE LAKES, FL 33309	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on 11/08/18 at Victoria Gardens ALF Inc., License #10631. The facility corrected previously cited deficiencies.