

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963757	(X3) DATE SURVEY COMPLETED 11/20/2018
NAME OF PROVIDER OR SUPPLIER VICTORIA VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 5151 S.W. 61 AVENUE DAVIE, FL 33314	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2018013617 was conducted on 11/20/18 at Victoria Villa Assisted Living, License #8646. The facility had no deficiencies identified at the time of the survey.