STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922257	R **12/06/2018**
NAME OF PROVIDER OR SUPPLIER **VICTORIA GARDENS ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **701 WEST 9TH STREET** **RIVIERA BEACH, FL 33404**	

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

0000 - Initial Comments

A licensure complaint survey, CCR #2018004743, was conducted by desk review on 12/06/2018 for Victoria Gardens ALF, License #5594. The previously cited deficiency was found corrected at the time of the survey.