

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967447	(X3) DATE SURVEY COMPLETED R 02/28/2019
NAME OF PROVIDER OR SUPPLIER VIZCAYA BY THE SEA	STREET ADDRESS, CITY, STATE, ZIP CODE 1621 NORTH OCEAN BLVD POMPANO BEACH, FL 33062	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on 02/28/2019 at Vizcaya ALF, Inc., License # 11555. The previously cited deficiencies were found corrected.