STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968468	**03/28/2019**
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 abbreviated bienniel survey with limited nursing services was conducted in conjunction with a capacity increase survey on 3/27/19 & 3/28/19 at Victoria Manor Retirement Center. No deficient practice was identified at the time of this survey.