

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922257	(X3) DATE SURVEY COMPLETED 06/03/2019
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 complaint investigation (complaint #2019003719) was conducted on 06/03/2019 at Victoria Gardens (Lic#5594). The facility had no deficiencies at the time of the survey.		