

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968567	(X3) DATE SURVEY COMPLETED 10/24/2013
NAME OF PROVIDER OR SUPPLIER Victoria Landing	STREET ADDRESS, CITY, STATE, ZIP CODE 1279 Houston St Melbourne, FL 32937	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

10/24/2013 conducted initial Assisted Living Facility licensure survey.

Victoria Landing had no deficiencies found at the time of the visit



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 21, 2013

Administrator
Victoria Landing
1279 Houston St
Melbourne, FL 32937

RE: Initial licensure

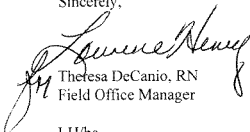
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 24, 2013 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

