

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/08/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968567	(X3) DATE SURVEY COMPLETED 07/18/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 Initial Comments

Complaint investigation #2016006752 was conducted on 7/18/16. Victoria Landing Assisted Living, license # 1234, had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 8, 2016

Administrator
Victoria Landing
1279 Houston St
Melbourne, FL 32937

RE: CCR #2016006752

Dear Administrator:

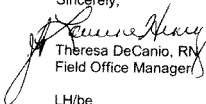
This letter reports the findings of a complaint survey completed on July 18, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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