STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968567	**10/16/2017**
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

The re-licensure survey with Limited Nursing Services (LNS) was conducted on 10/16/2017. Victoria Landing, license #12434 had no deficiencies found at the time of the visit.