STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967447	**01/15/2019**
NAME OF PROVIDER OR SUPPLIER **VIZCAYA ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1621 NORTH OCEAN BLVD** **POMPANO BEACH, FL 33062**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018018542, was conducted on 01/14/2019 through 01/15/2019 at Vizcaya ALF Inc., License #11555. The facility had no deficiencies at the time of the survey.