

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968567	(X3) DATE SURVEY COMPLETED R 03/20/2019
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

A revisit to the capacity increase survey was conducted on 3/20/19. Victoria Landing had no deficiencies at the time of the survey.