

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964590	(X3) DATE SURVEY COMPLETED 11/10/2014
NAME OF PROVIDER OR SUPPLIER Villa Margo Iv	STREET ADDRESS, CITY, STATE, ZIP CODE 2978 Sw 27 Lane Miami, FL 33133	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0152-Physical Plant - Safe Living Environ/other-11/10/2014

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation survey revisit was conducted on November 10, 2014. Villa Margo IV had no deficiencies at time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 1, 2014

Administrator
Villa Margo Iv
2978 Sw 27 Lane
Miami, FL 33133

Dear Administrator:

This letter reports the findings of a Complaint Investigation survey revisit conducted on November 10, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

DT9D

