STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932401	**03/05/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Villa Rio Vista	**1115 SE 6th Terrace Fort Lauderdale, FL 33316**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
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0000-Initial Comments
An unannounced licensure complaint survey, CCR#201401184, was conducted on 2/9/15 through 2/10/15 and 03/05/15 at Villa Rio Vista. The facility had no deficiencies identified at the time of the survey.

An unannounced Relicensure survey was conducted in conjunction with this survey on the same date. Please see separate report for findings.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 13, 2015

Administrator
Villa Rio Vista
1115 SE 6th Terrace
Fort Lauderdale, FL 33316

RE: CCR #2014011846

Dear Administrator:

This letter reports the findings of a complaint survey completed on February 9, 2015, February 10, 2015 and March 5, 2015 by representatives 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 representatives. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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