RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 30, 2015

Administrator
Villa Margo Vii Inc
531-533 Nw 34 Ave
Miami, FL 33125

Dear Administrator:

This letter reports findings of a Standard Biennial licensure survey that was conducted on July 20, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form.

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

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Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967672 | 07/20/2015 |
| NAME OF PROVIDER OR SUPPLIER<br>**VILLA MARGO VII INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**531-533 NW 34 AVE**<br>**MIAMI, FL 33125** | |

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

**0000 Initial Comments**

A Standard Biennial Survey was conducted on 07/20/15. Villa Margo VII with a Standard License did not have any residents at the time of the survey.