

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/29/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968031	(X3) DATE SURVEY COMPLETED 12/02/2015
NAME OF PROVIDER OR SUPPLIER VILLA ROSE ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4231 SW 58TH AVE MIAMI, FL 33155	

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

0000 Initial Comments

A Complaint Survey (CCR #2015012146) was conducted on December 2, 2015. Villa Rose Assisted Living, Inc. with Limited Nursing Services component had no deficiencies identified at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

December 29, 2015

Administrator
Villa Rose Assisted Living Inc
4231 Sw 58th Ave
Miami, FL 33155
RE: CCR #2015012146

Dear Administrator:

This letter reports the findings of a complaint survey completed on December 2, 2015 by representative(s) 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 surveyor(s). Should you have any questions, please contact 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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