

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910733	(X3) DATE SURVEY COMPLETED 03/25/2016
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NAME OF PROVIDER OR SUPPLIER VIP CARE PAVILION, LTD	STREET ADDRESS, CITY, STATE, ZIP CODE 6810 SW 7TH STREET MARGATE, FL 33068
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced complaint survey, CCR #2015012973 was conducted on 03/14/2016 and 03/25/2016 at VIP Care Pavilion, LTD. The facility had no deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 6, 2016

Administrator
Vip Care Pavilion, LTD
6810 SW 7th Street
Margate, FL 33068

RE: CCR #2015012973

Dear Administrator:

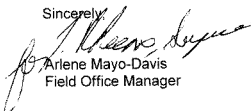
This letter reports the findings of a complaint survey completed on March 14, 2016 and March 25, 2016 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 representative. 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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