

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 04/11/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964308	(X3) DATE SURVEY COMPLETED 04/04/2016
NAME OF PROVIDER OR SUPPLIER VILLA MARGO II	STREET ADDRESS, CITY, STATE, ZIP CODE 2930 SW 38 COURT MIAMI, FL 33134	

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

0000 Initial Comments

A Complaint (CCR#2016001506) Survey was conducted on 04/04/16. Villa Margo II with a standard license did not have deficiencies identified at the time of the survey



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 11, 2016

Administrator
Villa Margo II
2930 Sw 38 Court
Miami, FL 33134

RE: CCR #2016001506

Dear Administrator:

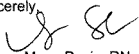
This letter reports the findings of a complaint survey completed on April 4, 2016 by representative(s) of this office.

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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