

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963890	(X3) DATE SURVEY COMPLETED R 02/22/2017
NAME OF PROVIDER OR SUPPLIER VILLA ONI II	STREET ADDRESS, CITY, STATE, ZIP CODE 5401 SW 98 COURT MIAMI, FL 33165	

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

0000 - Initial Comments

An Abbreviated Revisit Survey was conducted on 02/22/2017. Villa Oni II, license #8883, had no deficiencies identified at the time of the survey.