

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/23/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963757	(X3) DATE SURVEY COMPLETED R 02/24/2017
NAME OF PROVIDER OR SUPPLIER VICTORIA VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 5151 S.W. 61 AVENUE DAVIE, FL 33314	

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

0000 - Initial Comments

A complaint survey CCR# 2016010622 revisit was conducted by desk review on 02/24/2017 for Victoria Villa (license #8646). The deficiency was corrected at the time of the desk review.