

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/03/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968030	(X3) DATE SURVEY COMPLETED 04/19/2017
NAME OF PROVIDER OR SUPPLIER VILLA MARGO VIII	STREET ADDRESS, CITY, STATE, ZIP CODE 2256 SW 16TH AVE MIAMI, FL 33129	

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

0000 - Initial Comments

An Abbreviated Biennial survey was conducted on 04/19/2017. Villa Margo VIII (AL 12015) had no deficiencies identified at the time of the survey.