

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968273	(X3) DATE SURVEY COMPLETED R 05/04/2017
NAME OF PROVIDER OR SUPPLIER VILLA LINDA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 670 W 72ND PL HIALEAH, FL 33014	

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

0000 - Initial Comments

A Limited Mental Health Expansion Survey was conducted on May 4, 2017. Villa Linda Inc. (License #12258) had no deficiencies identified at the time of the survey.