

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/26/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932401	(X3) DATE SURVEY COMPLETED 05/18/2017
NAME OF PROVIDER OR SUPPLIER VILLA RIO VISTA	STREET ADDRESS, CITY, STATE, ZIP CODE 1115 SE 6TH TERRACE FORT LAUDERDALE, FL 33316	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced licensure complaint survey, CCR#2017001874 , was conducted on 5/18/17 at Villa Rio Vista ALF, License #5143 . The facility had no deficiencies at the time of the investigation.		

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PRINTED: 06/27/2017
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