STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968496	R **08/08/2017**
NAME OF PROVIDER OR SUPPLIER **VILLASOL GROUP INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14300 SW 36 STREET** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A standard biennial revisit survey was conducted on August 8th, 2017. Villasol Group Inc with limited mental health component, license #12401, did not have deficiencies identified at the time of the survey.