STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964423	R **07/26/2017**
NAME OF PROVIDER OR SUPPLIER **VILLA MARIA PIA**	STREET ADDRESS, CITY, STATE, ZIP CODE **322 NW 43 PLACE** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A Standard Biennial Second Revisit Survey was conducted on 07/26/17. Villa Maria Pia (License # 9217) with Limited Nursing Services and Limited Mental Health components had a deficiency identified at time of the survey.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to provide documentation of a satisfactory annual fire inspection.

Findings included:

Record review revealed that the last fire inspection was conducted on .

On at 10:25 AM in an interview with the Administrator, she stated that she has been contacting them since , but no one has come to do the inspection.

Class III