

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964423	(X3) DATE SURVEY COMPLETED R 08/25/2017
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 Standard Biennial Third Revisit Survey desk review was completed on 08/25/17 for Villa Maria Pia (License #9217) with Limited Nursing Services and Limited Mental Health components		