| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11932440** | R<br>**08/15/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**ST MARK'S VILLA** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3381 NW 194 TERRACE**<br>**MIAMI, FL 33056** | |

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

**0000 - Initial Comments**

An Abbreviated Biennial Revisit Survey was conducted on 08/15/17. St Mark's Villa, license #8093, had no deficiencies found at the time of the survey.