

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910926	(X3) DATE SURVEY COMPLETED 08/16/2017
NAME OF PROVIDER OR SUPPLIER VILLA ROSA I, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 182 WEST 9 STREET HIALEAH, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Wellness Monitoring Survey was conducted on August 16, 2017 at Villa Rosa I, Inc. (License #5849) with Limited Mental Health and Limited Nursing Services component.		