

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964308	(X3) DATE SURVEY COMPLETED R 08/28/2017
NAME OF PROVIDER OR SUPPLIER VILLA MARGO II	STREET ADDRESS, CITY, STATE, ZIP CODE 2930 SW 38 COURT MIAMI, FL 33134	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A complaint (CCR #2017004470) revisit survey was conducted on August 28th, 2017. Villa Margo II with license #9221 did not have deficiencies identified at the time of the survey.		