

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967672	(X3) DATE SURVEY COMPLETED 10/09/2017
NAME OF PROVIDER OR SUPPLIER VILLA MARGO VII INC	STREET ADDRESS, CITY, STATE, ZIP CODE 531-533 NW 34 AVE MIAMI, FL 33125	

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

0000 - Initial Comments

A Standard Biennial Revisit was conducted on 10/09/2017. Villa Margo VII, Inc. (License #11699) had no deficiencies identified at the time of the survey.