STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932401	**10/26/2017**
NAME OF PROVIDER OR SUPPLIER **VILLA RIO VISTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1115 SE 6TH TERRACE** **FORT LAUDERDALE, FL 33316**	

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

0000 - Initial Comments

An unannounced licensure complaint investigation survey, CCR# 2017007954 was conducted on 10/26/17 at Villa Rio Vista ALF, License #5143. The facility had no deficiencies at the time of the visit.