

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964590	(X3) DATE SURVEY COMPLETED R 11/21/2017
NAME OF PROVIDER OR SUPPLIER VILLA MARGO IV	STREET ADDRESS, CITY, STATE, ZIP CODE 2978 SW 27 LANE MIAMI, FL 33133	

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

0000 - Initial Comments

A Complaint (CCR #2017008215) revisit survey was conducted on 11/21/17. Villa Margo IV, with a standard license #9348, had no deficiencies identified at the time of the survey.