

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 12/15/2017  
FORM APPROVED

|                                                           |                                                                                            |                                                                     |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11911382</b>                | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>11/22/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VILLA ONI, INC</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3030 SW 95 COURT</b><br><b>MIAMI, FL 33165</b> |                                                                     |

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

**0000 - Initial Comments**

An Abbreviated Biennial Survey was conducted on 11/22/17. Villa Oni, Inc. (license #6038) had no deficiencies found at time of the survey.