STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910733	**03/14/2018**
NAME OF PROVIDER OR SUPPLIER **VIP CARE PAVILION LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6810 SW 7TH STREET** **MARGATE, FL 33068**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018003331, was conducted on 03/13/2018 and 03/14/2018 at VIP CARE PAVILION LLC, License #4783. The allegations were not substantiated. The facility had no deficiencies related to the complaint investigation.