

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965579	(X3) DATE SURVEY COMPLETED R 03/14/2018
NAME OF PROVIDER OR SUPPLIER VILLA ESMERALDA ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 10310 NW 30 COURT MIAMI, FL 33147	

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

0000 - Initial Comments

A complaint (CCR# 2017015233) revisit survey was conducted on March 14, 2018. Villa Esmeralda ALF (license #9978) had no deficiencies identified at time of the survey.