STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910926	R **03/14/2018**
NAME OF PROVIDER OR SUPPLIER **VILLA ROSA I, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **182 WEST 9 STREET** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

A Complaint (CCR #2018000029) Revisit Survey was conducted on 03/14/18. Villa Rosa I, INC (License #5849) with Limited Mental Health component had no deficiencies identified at the time of the survey.