

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964308	(X3) DATE SURVEY COMPLETED R 04/04/2018
NAME OF PROVIDER OR SUPPLIER VILLA MARGO II	STREET ADDRESS, CITY, STATE, ZIP CODE 2930 SW 38 COURT MIAMI, FL 33134	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 04/04/18. Villa Margo II Inc., license #9221 had no deficiencies identified at the time of the survey.