

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910733	(X3) DATE SURVEY COMPLETED R 05/17/2018
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 relicensure revisit survey was conducted on 5/17/18 at VIP ALF, License #4783. The facility had no deficiencies at the time of the visit