| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11963757** | R<br>**06/15/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**VICTORIA VILLA** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5151 S.W. 61 AVENUE**<br>**DAVIE, FL 33314** | |

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

**0000 - Initial Comments**

A Relicensure revisit survey was conducted by desk review on 06/15/2018 for Victoria Villa, License # 8646. The facility corrected all outstanding deficiencies at the time of the survey.