

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/20/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963757	(X3) DATE SURVEY COMPLETED R 06/15/2018
NAME OF PROVIDER OR SUPPLIER VICTORIA VILLA	STREET ADDRESS, CITY, STATE, ZIP CODE 5151 S.W. 61 AVENUE DAVIE, FL 33314	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit to licensure complaint survey, CCR #2018001356 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.		