

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/28/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964423	(X3) DATE SURVEY COMPLETED R 06/12/2018
NAME OF PROVIDER OR SUPPLIER VILLA MARIA PIA	STREET ADDRESS, CITY, STATE, ZIP CODE 322 NW 43 PLACE MIAMI, FL 33126	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey Revisit was conducted on June 12, 2018. Villa Maria Pia (License #9217) with Limited Nursing Services and Limited Mental Health components had no deficiencies identified at the time of the survey.

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