

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/28/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964590	(X3) DATE SURVEY COMPLETED 06/12/2018
NAME OF PROVIDER OR SUPPLIER VILLA MARGO IV	STREET ADDRESS, CITY, STATE, ZIP CODE 2978 SW 27 LANE MIAMI, FL 33133	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on 06/12/18. Villa Margo IV Inc. (license #9348) had no deficiencies found at the time of the survey.