

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967808	(X3) DATE SURVEY COMPLETED R 06/26/2018
NAME OF PROVIDER OR SUPPLIER VILLA MARGO VI INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2820 SW 34 AVE MIAMI, FL 33133	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 06/26/18. Villa Margo VI Inc. (License #11863) had no deficiencies found at the time of the survey.