

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963890	(X3) DATE SURVEY COMPLETED 10/17/2018
NAME OF PROVIDER OR SUPPLIER VILLA ONI II	STREET ADDRESS, CITY, STATE, ZIP CODE 5401 SW 98 COURT MIAMI, FL 33165	

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

0000 - Initial Comments

A standard biennial survey was conducted on 10/17/2018. Villa Oni II (license 8883) with a standard license had no deficiencies identified at the time of the survey.