STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910733	R **11/08/2018**
NAME OF PROVIDER OR SUPPLIER **VIP CARE PAVILION LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6810 SW 7TH STREET** **MARGATE, FL 33068**	

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

0000 - Initial Comments

AMENDED

An unannounced revisit to the licensure complaint survey, CCR #2018007743, was conducted on 11/08/2018 at VIP Care Pavilion LLC, License #4783. The facility corrected all outstanding deficiencies at the time of the revisit survey.