

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910926	(X3) DATE SURVEY COMPLETED 11/06/2018
NAME OF PROVIDER OR SUPPLIER VILLA ROSA I, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 182 WEST 9 STREET HIALEAH, FL 33010	

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

0000 - Initial Comments

A Complaint (CCR# 2018015100) Survey was conducted on 11/6/18. Villa Rosa I, Inc. (License #5849) with Limited Mental Health and Limited Nursing Services components had deficiencies cited under the revisit survey.

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