

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968273	(X3) DATE SURVEY COMPLETED R 12/19/2018
NAME OF PROVIDER OR SUPPLIER VILLA LINDA INC	STREET ADDRESS, CITY, STATE, ZIP CODE 670 W 72ND PL HIALEAH, FL 33014	

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

0000 - Initial Comments

A Complaint Survey (CCR#2018012798) Second Revisit was conducted on December 19, 2018. Villa Linda Inc. (License # 12258) had no deficiencies identified at the time of the survey.