STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964423	**01/31/2019**
NAME OF PROVIDER OR SUPPLIER **VILLA MARIA PIA**	STREET ADDRESS, CITY, STATE, ZIP CODE **322 NW 43 PLACE** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on January 31, 2019. Villa Maria Pia with Limited Nursing Services and Limited Mental Health components had deficiencies identified under the Biennial Survey.