

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964590	(X3) DATE SURVEY COMPLETED R 02/28/2019
NAME OF PROVIDER OR SUPPLIER VILLA MARGO IV	STREET ADDRESS, CITY, STATE, ZIP CODE 2978 SW 27 LANE MIAMI, FL 33133	

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

0000 - Initial Comments

A Complaint (CCR #2018016984) Survey Revisit was conducted on February 28, 2019 . Villa Margo IV had no deficiencies identified at time of the survey.