

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964298	(X3) DATE SURVEY COMPLETED R 03/20/2019
NAME OF PROVIDER OR SUPPLIER VILLA MARGO I	STREET ADDRESS, CITY, STATE, ZIP CODE 3644 SW 22 TERRACE MIAMI, FL 33145	

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

0000 - Initial Comments

An Abbreviated Biennial Survey Revisit was conducted on February 26, 2019 and concluded on March 20, 2019. Villa Margo I Inc. had no deficiencies identified at the time of the survey.