

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/10/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932401	(X3) DATE SURVEY COMPLETED 03/25/2019
NAME OF PROVIDER OR SUPPLIER VILLA RIO VISTA	STREET ADDRESS, CITY, STATE, ZIP CODE 1115 SE 6TH TERRACE FORT LAUDERDALE, FL 33316	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2019000197, was conducted on at Villa Rio Vista, License #5143. The facility had no deficiencies at the time of the survey.

(An unannounced revisit to the Abbreviated Relicensure survey was conducted in conjunction with the above licensure complaint survey. Please see separate report for findings.)