STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932401	R **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 revisit to the Abbreviated Relicensure survey was conducted on 03/25/2019 at Villa Rio Vista, License #5143. The previously cited deficiencies were found corrected.

(An unannounced licensure complaint survey, CCR #2019000197, was conducted in conjunction with the above Abbreviated Relicensure survey. Please see separate report for findings.)