

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/13/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910926	(X3) DATE SURVEY COMPLETED 04/22/2019
NAME OF PROVIDER OR SUPPLIER VILLA ROSA I, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 182 WEST 9 STREET HIALEAH, FL 33010	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A complaint survey was schedule but was changed to monitoring survey was conducted at Villa Rosa I , INC on 4/22/19.		