

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965579	(X3) DATE SURVEY COMPLETED R 05/07/2019
NAME OF PROVIDER OR SUPPLIER VILLA ESMERALDA ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 10310 NW 30 COURT MIAMI, FL 33147	

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

0000 - Initial Comments

A 2nd revisit to a complaint (2018016872) survey was conducted at Villa Esmeralda ALF on 05/07/2019. Deficiencies were found to be corrected at the time of the survey.