AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967308	**04/06/2016**
NAME OF PROVIDER OR SUPPLIER **JOZ-BRICK LUXURY VILLAS, CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **11901 NW 4 STREET** **MIAMI, FL 33182**	

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

0000 Initial Comments

A closure monitoring was conducted on 04/06/2016. Joz-Brick Luxury Villas had no deficiencies identified at the time of the survey.