

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/27/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964403	(X3) DATE SURVEY COMPLETED 12/12/2016
NAME OF PROVIDER OR SUPPLIER VILLA MARGO III	STREET ADDRESS, CITY, STATE, ZIP CODE 3669 SW 24 TERRACE MIAMI, FL 33145	

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

0000 - Initial Comments

A monitoring survey was conducted on 12/12/2016 at Villa Margo III with Limited Nursing Services and Limited Mental Health services component, (License #9043).