STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964403	12/07/2016
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 12-07-2016 at Villa Margo III.