STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966971	**05/09/2017**
NAME OF PROVIDER OR SUPPLIER **LOS TRES MILAGROS CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **10681 SW 182 STREET** **MIAMI, FL 33157**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . Los Tres Milagros Corp., had a deficiency found at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interview the facility failed to have weight information on the health assessment (AHCA's 1823 Form) for two out of five sampled residents (Residents 1 and 2).

Findings included:

Observation on at 7:30 am revealed Residents (1 and 2) sitting at the seating area.

A review of Resident #1's file revealed that the weight section in AHCA's 1823 (Form left in blank).

A review of Resident #2's file revealed that the weight section in AHCA's 1823 (Form left in blank).

Interviewed on at 11:20 am, Staff B stated, "I will send those residents to be seen by the Doctor."

Class III