

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964403	(X3) DATE SURVEY COMPLETED 06/05/2017
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 Complaint Survey (CCR #2017003247) was conducted on June 05, 2017. Villa Margo III (license # 9043) with Limited Nursing Services and Limited Mental Health had deficiencies identified and cited under the Biennial survey.		