

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966971	(X3) DATE SURVEY COMPLETED R 07/25/2017
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 revisit was conducted on 07/25/2017. Los Tres Milagros Corp., with a standard license (AL11077) had no deficiencies found at the time of the survey.		