

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964403	(X3) DATE SURVEY COMPLETED R 08/11/2017
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 Standard Biennial Second Revisit Survey was completed by desk review on 08/11/17 for Villa Margo III (license # 9043) with Limited Nursing Services and Limited Mental Health components.		