

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/23/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968509	(X3) DATE SURVEY COMPLETED R 08/02/2017
NAME OF PROVIDER OR SUPPLIER LOS TRES MILAGROS II, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 15431 SW 159 STREET MIAMI, FL 33187	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 08/02/2017. Los Tres Milagros II, LLC (AI12388) had no deficiencies identified at time of the survey.