STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964403	**10/02/2017**
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 resident wellness monitoring inspection was conducted on . Villa Margo III Inc. with Limited Mental Health and Limited Nursing Services components (license #9043) had the following deficiency found at the time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview the facility failed to have an annual satisfactory fire inspection.

Findings included:

On at 10:05 AM during the tour was observed that the Fire Inspection was dated . The faclity did not have an annual satisfactory fire inspection.

On at 10:30 AM during an interview with the caregiver stated that she did not know why the fire inspection was not there but she was going to tell the administrator and let her know about it.

Class III