| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964403** | R<br>**12/11/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**VILLA MARGO III** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3669 SW 24 TERRACE**<br>**MIAMI, FL 33145** | |

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

**0000 - Initial Comments**

A resident welfare monitoring survey revisit was conducted on 12/11/17. Villa Margo III with a Limited Mental Health and Limited Nursing Services components (license #9043) had no deficiencies found at the time of the survey.