

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964403	(X3) DATE SURVEY COMPLETED R 12/11/2017
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 resident wellness monitoring revisit survey was conducted on 12/11/17. Villa Margo III Inc. with Limited Mental Health and Limited Nursing Services components (license #9043) had no deficiencies found at the time of the survey.