STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966801	R **12/13/2017**
NAME OF PROVIDER OR SUPPLIER **MARGREG FACILITIES CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **12412 SW 213 TERRACE** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Complaint (CCR #2017007014) Revisit Survey was conducted on 12/13/2017. Margreg Facilities Corp with limited mental health component (license #10954) had no deficiencies identified at time of the survey: