STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966801	**10/01/2018**
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 Survey (CCR #2018010970) was conducted on 10/01/2018. Margreg Facilities Corp with limited mental health component license #10954, had a deficiency identified at the time of the survey and was cited under the biennial survey.