

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966971	(X3) DATE SURVEY COMPLETED 03/27/2019
NAME OF PROVIDER OR SUPPLIER LOS TRES MILAGROS CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 10681 SW 182 STREET MIAMI, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey was conducted at Los Tres Milagros Corp. on 03/28/2019. The facility had no deficiencies identified at the time of the survey.		