STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965944	**06/26/2015**
NAME OF PROVIDER OR SUPPLIER **MARULY'S ADULT CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **311 SW 136 AVE** **MIAMI, FL 33184**	

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

0000 Initial Comments

A Monitoring Survey was conducted on 06/26/2015. Maruly's Adult Care had a census of 6 residents.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 23, 2015

Administrator
Maruly's Adult Care
311 Sw 136 Ave
Miami, FL 33184

Dear Administrator:

This letter reports findings of a Monitoring survey that was conducted on June 26, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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