

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/12/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964612	(X3) DATE SURVEY COMPLETED 09/27/2016
NAME OF PROVIDER OR SUPPLIER MANULY'S ADULT CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 12710 NW 8 LANE MIAMI, FL 33182	

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

0000 Initial Comments

A monitoring inspection was conducted on 9-27-16 at Manuly's Adult Care, assisted living facility.