

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964101	(X3) DATE SURVEY COMPLETED R 02/20/2017
NAME OF PROVIDER OR SUPPLIER M & M COMPREHENSIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 280 WEST 56 STREET HIALEAH, FL 33012	

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

0000 - Initial Comments

A Monitoring survey revisit was conducted on 02-20-2017 at M & M Comprehensive. The previous deficiencies were corrected at the time of the survey. Lic #8987