STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910950	**03/15/2017**
NAME OF PROVIDER OR SUPPLIER **LEMAR HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **320 NW 183RD STREET** **MIAMI, FL 33169**	

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

0000 - Initial Comments

A limited nursing services monitoring survey was conducted on March 15th, 2017. Lemar Home Inc with limited mental health and limited nursing services components and license number 4910 had deficiencies identified at the time of the survey cited under the biennial survey.