STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965775	R **03/28/2017**
NAME OF PROVIDER OR SUPPLIER **MAYRA'S ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4210 WEST 19 AVENUE** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

A Standard Biennial Survey Third Revisit was conducted on 03-28-2017 at Mayra's ALF with Limited Mental Health component. The previous deficiency was corrected at time of the survey. Lic #10122