STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965091	**03/23/2017**
NAME OF PROVIDER OR SUPPLIER **MARILIN ADULT LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **7312 SW 16 STREET** **MIAMI, FL 33155**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on March 23, 2017. Marilin Adult Living Facility (license # 9548) had no deficiencies identified at the time of the survey.