

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967157	(X3) DATE SURVEY COMPLETED 04/11/2017
NAME OF PROVIDER OR SUPPLIER BMA ASSISTED LIVING CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 12381 SW 144 TERRACE MIAMI, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint survey (CCR# 2017002273) was conducted on 04/11/17 in conjunction with a Revisit survey. BMA Assisted Living Corp with limited mental health component (License #11275) deficiencies were cited under Revisit survey:		