

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/16/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966208	(X3) DATE SURVEY COMPLETED R 05/12/2017
NAME OF PROVIDER OR SUPPLIER MAUD'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 860 NW 186 DR MIAMI, FL 33169	

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

0000 - Initial Comments

A limited nursing services monitoring desk review survey was completed on 05/12/2017 for Maud's Place with limited nursing services and limited mental health components, license number 10440.