STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967900	R **05/17/2017**
NAME OF PROVIDER OR SUPPLIER **MGR HOME #2 INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13620 S W 119 STREET** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A standard biennial revisit survey was conducted on May 17th, 2017. Mgr Home #2 Inc. with limited mental health component and license number 11907 did not have deficiencies identified at the time of the survey.