STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967157	R **05/22/2017**
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 Standard biennial 2nd revisit survey was conducted on 05/22/2017. BMA Assisted Living Corp with limited mental health component (AL 11275) had no deficiencies identified at the time of the survey: