STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966902	R **06/07/2017**
NAME OF PROVIDER OR SUPPLIER **MARY'S EXTREME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6107 SW 26TH STREET** **MIRAMAR, FL 33023**	

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

0000 - Initial Comments

A desk review revisit to the relicensure survey was conducted on 06/07/2017 for Mary's Extreme Care Assisted Living Facility, License # 11031 . The facility had no deficiencies at the time of the revisit.