STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910950	**05/30/2017**
NAME OF PROVIDER OR SUPPLIER **LEMAR HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **320 NW 183RD STREET** **MIAMI, FL 33169**	

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

0000 - Initial Comments

A Complaint Survey (CCR#2017002842) was conducted on May 30, 2017. Lemar Home, Inc. (License # 4910) with Limited Nursing Services and Limited Mental Health components had no deficiencies identified at the time of the survey.