

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966974	(X3) DATE SURVEY COMPLETED 07/13/2017
NAME OF PROVIDER OR SUPPLIER MARY'S CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 30796 SW 189 AVENUE HOMESTEAD, FL 33030	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 07/13/17. Mary's Care Center with Limited Mental Health component license #11106 had no deficiencies found at the time of the survey.