

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966955	(X3) DATE SURVEY COMPLETED R 07/25/2017
NAME OF PROVIDER OR SUPPLIER MAJESTIC SENIOR CARE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 15347 SW 179 TERRACE MIAMI, FL 33187	

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

0000 - Initial Comments

A Standard Biennial survey revisit was conducted on 07/25/2017. Majestic Senior Care ALF with limited mental health component (AL 11070) had no deficiencies identified at the time of the survey.