STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968040	R **07/24/2017**
NAME OF PROVIDER OR SUPPLIER **MARLA GROVE ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3705 SW 1 AVENUE** **MIAMI, FL 33145**	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on 07/24/2017. Marla Grove ALF, Inc. (AL 12009) with Limited Mental Health component had no deficiencies found at the time of the survey: