

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964986	(X3) DATE SURVEY COMPLETED R 07/26/2017
NAME OF PROVIDER OR SUPPLIER MERRY ONE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 1066 SW 141 COURT MIAMI, FL 33184	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey Revisit was conducted on 07/20/2017 and concluded on 07/26/2017. Merry One ALF, License #9594, had no deficiencies identified at time of the survey.		