

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910950	(X3) DATE SURVEY COMPLETED R 07/26/2017
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 Standard Biennial Survey Second Revisit was conducted on July 26, 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.