STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964718	R **08/29/2017**
NAME OF PROVIDER OR SUPPLIER **MARILUCA 1**	STREET ADDRESS, CITY, STATE, ZIP CODE **8411 SW 21 STREET** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 8/29/17. Mariluca 1, license #9667, with Limited Mental Health component had no deficiencies at the time of survey.