

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965734	(X3) DATE SURVEY COMPLETED R 08/30/2017
NAME OF PROVIDER OR SUPPLIER MARY'S HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 14158 NW 88 PLACE HIALEAH, FL 33018	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An Abbreviated Biennial Survey Revisit was conducted on August 30, 2017. Mary's Home Inc. (License #10073) had no deficiencies identified at the time of the survey.		