

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964101	(X3) DATE SURVEY COMPLETED R 09/27/2017
NAME OF PROVIDER OR SUPPLIER M & M COMPREHENSIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 280 WEST 56 STREET HIALEAH, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

A Standard Biennial 2nd Revisit Survey was conducted on 9/27/17. M & M Comprehensive, Lic #8987, had the no deficiencies found at the time of survey: