STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965703	R **09/27/2017**
NAME OF PROVIDER OR SUPPLIER **MARTIN RESIDENCES, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **19940 SW 124 COURT** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A Standard Biennial Second Revisit Survey was conducted from 09/27/17. Martin Residences, Inc with Limited Mental Health component (license #10058) had no deficiencies identified at the time of survey.