STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966232	R **10/24/2017**
NAME OF PROVIDER OR SUPPLIER **M & R PERSONAL CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1289 SOUTH HILLSBOROUGH AVENUE** **ARCADIA, FL 34266**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 10/24/17 at M & R Personal Care, Inc., an assisted living facility (license #10442) in Arcadia, Florida.

This was a follow-up to the relicensure survey completed on 7/26/2017.

The previous deficiencies were found corrected and no new deficiencies were identified.