STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966807	R **10/18/2017**
NAME OF PROVIDER OR SUPPLIER **STAR OF MARY ADULT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **6425 SW 93 PLACE** **MIAMI, FL 33173**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 10/18/17. Star Of Mary Adult Center with Limited Mental Health component, license #10939, had no deficiencies found at time of the survey.