STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965794	**10/31/2017**
NAME OF PROVIDER OR SUPPLIER **MAYRA R RONDON, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **856 NW 136 AVENUE** **MIAMI, FL 33182**	

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

0000 - Initial Comments

A Complaint Survey (#2017009150) was conducted on 10/24/17 and concluded on 10/31/17. Mayra R Rondon, Inc. license #10136, had deficiencies identified at time of the survey. Deficiencies were cited under a Standard Biennial Survey, Event ID SHKF11.