STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966541	R **12/11/2017**
NAME OF PROVIDER OR SUPPLIER **MEADOW WOOD HOMES LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **25799 SW 122 PLACE** **HOMESTEAD, FL 33032**	

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

0000 - Initial Comments

A standard biennial second revisit survey was conducted on December 11th, 2017. Meadow Wood Homes LLC with Limited Mental Health component, license #10716 did not have deficiencies identified at the time of survey.