

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966979	(X3) DATE SURVEY COMPLETED 12/07/2017
NAME OF PROVIDER OR SUPPLIER MERY ALF 2010 CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 3259 SW 141 AVENUE MIAMI, FL 33175	

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

0000 - Initial Comments

A complaint (#2017010305) survey was scheduled on 12/07/2017 in conjunction with a revisit survey . Mery ALF 2010 Corp. surrendered their license during survey and residents were transferred to another ALF.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/30/2018
FORM APPROVED

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