STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964209	R **01/10/2018**
NAME OF PROVIDER OR SUPPLIER **MARILUCA # 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **9362 SW 155 AVENUE** **MIAMI, FL 33196**	

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

0000 - Initial Comments

A Standard Biennial survey revisit was conducted on 01/10/2018. Mariluca #2 (License #8934) with Limited Mental Health component had no deficiencies found at time of the survey.