

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911679	(X3) DATE SURVEY COMPLETED R 01/17/2018
NAME OF PROVIDER OR SUPPLIER HOME MERCEDES, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6355 SW 2ND STREET MIAMI, FL 33144	

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

0000 - Initial Comments

A standard biennial re-visit survey was conducted on 01/17/18. Home Mercedes, Inc. with Limited Mental Health component license #7750 had no deficiencies found at the time of the survey.