

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966208	(X3) DATE SURVEY COMPLETED 01/30/2018
NAME OF PROVIDER OR SUPPLIER MAUD'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 860 NW 186 DR MIAMI, FL 33169	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments - A Limited Nursing Services Monitoring Survey was conducted on January 30, 2018. Maud's Place (License #10440) with Limited Nursing Services and Limited Mental Health components had deficiencies identified under the Biennial Survey.		