

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966865	(X3) DATE SURVEY COMPLETED 01/30/2018
NAME OF PROVIDER OR SUPPLIER MERCY FAMILY CARE, INC #1	STREET ADDRESS, CITY, STATE, ZIP CODE 4604 SW 144 COURT MIAMI, FL 33175	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on January 30, 2018. Mercy Family Care Inc. #1 (license #11002) with limited mental health component did not have deficiencies identified at time of the survey.