STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910987	**03/01/2018**
NAME OF PROVIDER OR SUPPLIER **MAGGIE'S RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **7930 SW 11 STREET** **MIAMI, FL 33144**	

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

0000 - Initial Comments

An Extended Congregate Care Monitoring Survey was conducted on March 01, 2018. Maggie's Retirement Home (License #5251) with Extended Congregate Care and Limited Mental Health components had no deficiencies identified at time of survey.