

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910950	(X3) DATE SURVEY COMPLETED 03/14/2018
NAME OF PROVIDER OR SUPPLIER LEMAR HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 320 NW 183RD STREET 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 March 14, 2018. Lemar Home Inc. (License # 4910) with Limited Nursing Services and Limited Mental Health components had no deficiencies identified at the time of the survey.