

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967296	(X3) DATE SURVEY COMPLETED 03/06/2018
NAME OF PROVIDER OR SUPPLIER MAGNET ADULT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1431 NW 55 TERRACE MIAMI, FL 33142	

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

0000 - Initial Comments

An Extended Congregate Care Monitoring Survey was scheduled on March 06, 2018. Magnet Adult Home (License # 11354) with Extended Congregate Care had a deficiency identified at the time of the survey cited under the biennial.