STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966979	R **12/07/2017**
NAME OF PROVIDER OR SUPPLIER **MERY ALF 2010 CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **3259 SW 141 AVENUE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A standard biennial revisit survey was conducted on . . . . . in conjunction with a complaint survey. Mery ALF 2010 Corp. (license #11089) with a limited mental health component surrendered the license during survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

0054 - Medication - Records - 58A-5.0185(5) FAC

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

0162 - Records - Resident - 58A-5.024(3) FAC

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SUMMARY STATEMENT OF DEFICIENCIES
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L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC