STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966925	**04/13/2018**
NAME OF PROVIDER OR SUPPLIER **MARIA ADULT CARE III**	STREET ADDRESS, CITY, STATE, ZIP CODE **14561 SW 30TH STREET** **MIAMI, FL 33175**	

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

0000 - Initial Comments

An Initial Licensure Survey was conducted on 04/13/2018. Maria Adult Care III, file #11966925, did not have deficiencies. A recommendation will be sent to the licensure unit for a standard license with the limited mental health component with a capacity of 6 beds.