STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966581	R **04/17/2018**
NAME OF PROVIDER OR SUPPLIER **CARY'S ADULT CARE 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **15765 SW 76 TERRACE** **MIAMI, FL 33193**	

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

0000 - Initial Comments

A Standard Biennial Second Revisit Survey conducted on 04/17/18. Cary's Adult Care 2 with Limited Mental Health component license #10796 had no deficiencies found at the time of the survey.

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