

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911664	(X3) DATE SURVEY COMPLETED R 04/25/2018
NAME OF PROVIDER OR SUPPLIER MAYLU RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4751 NW 4TH TERRACE MIAMI, FL 33126	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey was conducted on 04/25/18. Maylu Retirement Home (license #7716) had no deficiencies identified at the time of the survey.		