

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967890	(X3) DATE SURVEY COMPLETED 05/04/2018
NAME OF PROVIDER OR SUPPLIER MARIA'S PALACE CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 1781-83 SW 4 STREET MIAMI, FL 33135	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on 05/04/2018. Maria's Palace Corp. (license #11860) had no deficiency found at the time of the survey: