STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967034	R **05/15/2018**
NAME OF PROVIDER OR SUPPLIER **MARTHA'S GARDEN ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **11530 SW 180 STREET** **MIAMI, FL 33157**	

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

0000 - Initial Comments

A Standard Biennial third revisit survey was conducted on May 15th, 2018. Martha's Garden ALF with Limited Mental Health component (license #11142) did not have deficiencies identified at the time of the survey.