

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964101	(X3) DATE SURVEY COMPLETED R 07/06/2018
NAME OF PROVIDER OR SUPPLIER M & M COMPREHENSIVE	STREET ADDRESS, CITY, STATE, ZIP CODE 280 WEST 56 STREET HIALEAH, FL 33012	

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

0000 - Initial Comments

A Complaint (CCR#2017012143) Third Revisit Survey was conducted on July 06, 2018. M & M Comprehensive (license #8987) had no deficiencies identified on time of the survey.