STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968365	R **08/01/2018**
NAME OF PROVIDER OR SUPPLIER **MAYI'S ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14053 BRIARDALE LN** **CARROLLWOOD, FL 33618**	

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

0000 - Initial Comments

A follow-up to a 4/30/18 complaint survey was conducted for Mayi's Assisted Living Facility on 8/1/18. The previously cited deficiencies were found corrected via desk review.

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