

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912063	(X3) DATE SURVEY COMPLETED R 07/18/2018
NAME OF PROVIDER OR SUPPLIER MAGGIE'S RETIREMENT HOME #4	STREET ADDRESS, CITY, STATE, ZIP CODE 7100 NW 1 TERRACE MIAMI, FL 33126	

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

0000 - Initial Comments

A monitoring survey revisit was conducted on 07/18/18. Maggie's Retirement Home #4 (license #7978) with Extended Congregate Care and Limited Mental Health components had no deficiencies found at the time of the survey.