

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966232	(X3) DATE SURVEY COMPLETED 08/09/2018
NAME OF PROVIDER OR SUPPLIER M & R PERSONAL CARE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1289 SOUTH HILLSBOROUGH AVENUE ARCADIA, FL 34266	

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

0000 - Initial Comments

An unannounced monitoring survey was conducted on 8/9/18 at M & R Personal Care, an assisted living facility (license #10442) located in Arcadia, Florida.

No deficiencies were found at the time of the visit.