

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/10/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966902	(X3) DATE SURVEY COMPLETED R 09/06/2018
NAME OF PROVIDER OR SUPPLIER MARY'S EXTREME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 6107 SW 26TH STREET MIRAMAR, FL 33023	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Extended Congregate Care monitoring revisit survey was conducted by desk review on 09/06/2018 for Mary's Extreme Care, License #11031. All previously cited deficiencies were found corrected.		