STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967939	R **09/04/2018**
NAME OF PROVIDER OR SUPPLIER **MERCEDES & FAMILY ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **4941 NW 183 STREET** **MIAMI GARDENS, FL 33055**	

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

0000 - Initial Comments

A Biennial Standard revisit and generator monitoring survey was conducted on 9/04/18 at Mercedes & Family ALF (license #11927) with Limited Mental Health Component. The facility Mercedes & Family ALF had no deficiencies identified at time of the survey: