STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966387	R **10/10/2018**
NAME OF PROVIDER OR SUPPLIER **MARCIA ADULT CARE #1, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5143 SW 157 COURT** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on October 10, 2018. Marcia Adult Care #1, Inc. (license #10575) had no deficiencies identified at time of survey.