

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967900	(X3) DATE SURVEY COMPLETED R 10/25/2018
NAME OF PROVIDER OR SUPPLIER MGR HOME #2 INC	STREET ADDRESS, CITY, STATE, ZIP CODE 13620 S W 119 STREET MIAMI, FL 33186	

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

0000 - Initial Comments

A change of ownership second revisit survey was conducted on October 25, 2018 at MGR Home #2, Inc. License 11907. The facility's previously cited deficiency was corrected at time of survey.