

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967433	(X3) DATE SURVEY COMPLETED R 10/29/2018
NAME OF PROVIDER OR SUPPLIER M & J QUALITY CARE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 13231 SW 278 TERRACE HOMESTEAD, FL 33032	

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

0000 - Initial Comments

A Monitoring Revisit Survey was conducted on October 29th, 2018. M & J Quality Care, Llc (license #11517) had deficiencies identified at the time of the survey cited under the biennial.