STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966208	R **11/08/2018**
NAME OF PROVIDER OR SUPPLIER **MAUD'S PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **860 NW 186 DR** **MIAMI, FL 33169**	

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

0000 - Initial Comments

A Follow Up Visit to a Monitoring survey was conducted on 11/08/18. Maud's Place, license #10440, had no deficiencies at the time of the survey.

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