STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912063	R **11/14/2018**
NAME OF PROVIDER OR SUPPLIER **MAGGIE'S RETIREMENT HOME #4**	STREET ADDRESS, CITY, STATE, ZIP CODE **7100 NW 1 TERRACE** **MIAMI, FL 33126**	

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

0000 - Initial Comments

An Extended Congregate Care Monitoring Survey was conducted on November 14, 2018. Maggie's Retirement Home # 4 ALF (License #7978) with Extended Congregate Care and Limited Mental Health components had no deficiencies identified under the surveyed component at the time of the survey.