

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/15/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967433	(X3) DATE SURVEY COMPLETED R 12/27/2018
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 Standard Biennial Revisit Survey was conducted on December 27th, 2018. M & J Quality Care, Llc did not have deficiencies identified at the time of the survey.