STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968365	R **01/16/2019**
NAME OF PROVIDER OR SUPPLIER **MAYI'S ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14053 BRIARDALE LN** **CARROLLWOOD, FL 33618**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A follow-up to an 11/30/2018 biennial survey was conducted for Mayi's Assisted Living Facility on 01/16/2019. The previously cited deficient practice was found corrected via desk review.

License #12274