

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/27/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910987	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER MAGGIE'S RETIREMENT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 7930 SW 11 STREET MIAMI, FL 33144	

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

0000 - Initial Comments

An Extended Congregate Care Monitoring Survey was conducted on February 4, 2019. Maggie's Retirement Home with Extended Congregate Care and Limited Mental Health components had deficiencies identified at time of survey under the biennial survey.