STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910987	**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

A Complaint (CCR# 2018017729) 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 cited under the biennial survey.