

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968040	(X3) DATE SURVEY COMPLETED 02/19/2019
NAME OF PROVIDER OR SUPPLIER MARLA GROVE ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3705 SW 1 AVENUE MIAMI, FL 33145	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on February 19, 2019. Marla Grove ALF, Inc. with a standard license, had no deficiencies identified at the time of survey.