

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965091	(X3) DATE SURVEY COMPLETED R 03/11/2019
NAME OF PROVIDER OR SUPPLIER MARILIN ADULT LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 7312 SW 16 STREET MIAMI, FL 33155	

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

0000 - Initial Comments

A Complaint (CCR #2018013481) survey second revisit was conducted on 03/11/2019. Marilyn Adult Living Facility, Inc. had no deficiencies identified at the time of the visit.