

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964986	(X3) DATE SURVEY COMPLETED 03/05/2019
NAME OF PROVIDER OR SUPPLIER MERRY ONE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 1066 SW 141 COURT MIAMI, FL 33184	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint (CCR# 2019000592) Survey was conducted on March 5, 2019 in conjunction with a Biennial Survey. Merry One ALF, with a standard license, had deficiencies identified at the time of survey cited under the Biennial Survey, Event number 2GWM11.		