STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964101	**03/21/2019**
NAME OF PROVIDER OR SUPPLIER **M & M COMPREHENSIVE**	STREET ADDRESS, CITY, STATE, ZIP CODE **280 WEST 56 STREET** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on . . . . . M & M Comprehensive had a deficiency at the time of survey:

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain a safe living environment for four of four sampled residents (#).

Findings included:

Observation on . . . . . at 9:30 am revealed the following information:

The glass door of the closet in . . # is broken.
had one closet for two residents and it did not have a divider.
The bathroom shower and the toilet lid were unkept, in . . # .
Kitchen's counter and cabinets had damage
The ceiling painting of the kitchen was cracking
The iron fence of the backyard was loose.
Accumulation of items (walker, wheelchair, suitcase, purse and more) on the backyard porch.

Interview on . . . . . at 1:00 pm Staff B stated, "I will fix everything."

Class III