

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910950	(X3) DATE SURVEY COMPLETED 04/02/2019
NAME OF PROVIDER OR SUPPLIER LEMAR HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 320 NW 183RD STREET MIAMI, FL 33169	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted at Lemar Home Inc. on April 2, 2019. The facility had deficiencies identified at the time of the survey cited under the revisit (Event ID# 7WZ312) and under the Standard Biennial Survey (Event ID# YDN711).