STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966807	**04/16/2019**
NAME OF PROVIDER OR SUPPLIER **STAR OF MARY ADULT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **6425 SW 93 PLACE** **MIAMI, FL 33173**	

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

0000 - Initial Comments

A Biennial survey was conducted at Star of Mary Adult Center Inc. on 04/16/2019. Deficiencies were not identified at the time of the visit.