

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966902	(X3) DATE SURVEY COMPLETED R 05/20/2019
NAME OF PROVIDER OR SUPPLIER MARY'S EXTREME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 6107 SW 26TH STREET MIRAMAR, FL 33023	

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

0000 - Initial Comments

A revisit to the Relicensure survey was conducted on 05/20/19 at Mary's Extreme Care. The previously cited deficiencies were found corrected at the time of the survey.