

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/19/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966581	(X3) DATE SURVEY COMPLETED 05/29/2019
NAME OF PROVIDER OR SUPPLIER CARY'S ADULT CARE 2	STREET ADDRESS, CITY, STATE, ZIP CODE 15765 SW 76 TERRACE MIAMI, FL 33193	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A generator monitoring visit was conducted at Cary's ALF on 05/29/2019.		