

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964101	(X3) DATE SURVEY COMPLETED R 05/29/2019
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

A Revisit to a Biennial survey was conducted at M & M Comprehensive on May 29, 2019. Deficiencies were found to be corrected at the time of the survey.