STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911664	R **05/29/2019**
NAME OF PROVIDER OR SUPPLIER **MAYLU RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **4751 NW 4TH TERRACE** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A Complaint Investigation (2019000773) Revisit Survey was conducted at Maylu Retirement Home on May 29, 2019. The provider had no deficiencies at the time of the survey.