STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922234	**12/03/2015**
NAME OF PROVIDER OR SUPPLIER **HETERY HOME FOR THE ELDERLY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **825 SE 7TH AVENUE** **HIALEAH, FL 33010**	

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

0000 Initial Comments

A Monitoring Survey was conducted on 12/03/15 at Hetery Home for the Elderly Inc. with Limited Mental Health Component.