

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/13/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910961	(X3) DATE SURVEY COMPLETED 08/30/2016
NAME OF PROVIDER OR SUPPLIER SOUTH HIALEAH MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 EAST 5TH STREET HIALEAH, FL 33010	

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

0000 Initial Comments

A Financial Monitoring Survey was conducted on 08/30/16 at South Hialeah Manor with Limited Mental Health components, Licence#6033.