

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/13/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953384	(X3) DATE SURVEY COMPLETED 08/23/2016
NAME OF PROVIDER OR SUPPLIER COURTYARD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 140 W 28 STREET HIALEAH, FL 33010	

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

0000 Initial Comments

A Financial Monitoring was conducted on August 23, 2016. Courtyard Manor License #5947 with Limited Mental Health component.