| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910961** | **09/26/2016** |
| NAME OF PROVIDER OR SUPPLIER<br>**SOUTH HIALEAH MANOR** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**240 EAST 5TH STREET**<br>**HIALEAH, FL 33010** | |

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

**0000 Initial Comments**

A Financial Monitoring was conducted on September 26, 2016 at South Hialeah Manor.