

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/19/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953384	(X3) DATE SURVEY COMPLETED 09/27/2016
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 Survey was conducted on 09/27/16 at Courtyard Manor, with Limited Mental Health, Licence # 5947.