

**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 10/13/2016
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 10/13/2016 at Courtyard Manor retirement Living with Mental Health component (AL5947).