STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953384	**12/14/2016**
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 monitoring visit was conducted on 12/14/16. Courtyard Manor Retirement, with Limited Mental Health Component, License# 5947 had no deficiencies found at the time of the survey.