

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/20/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910961	(X3) DATE SURVEY COMPLETED 12/14/2016
NAME OF PROVIDER OR SUPPLIER SOUTH HIALEAH MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 EAST 5TH STREET HIALEAH, FL 33010	

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

0000 - Initial Comments

A Monitoring Survey to check on residents was conducted on December 14, 2016 at South Hialeah Manor (License # 6033) with Limited Mental Health component.