STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965261	**12/06/2016**
NAME OF PROVIDER OR SUPPLIER **NEW HOME SENIOR CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **73 EAST 47 STREET** **HIALEAH, FL 33013**	

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

0000 - Initial Comments

A Full Monitoring was conducted on December 06, 2016. New Home Senior Care, Inc had no deficiencies identified at time of the survey.