

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910951	(X3) DATE SURVEY COMPLETED 12/08/2016
NAME OF PROVIDER OR SUPPLIER DIVINE LIVING IN HIALEAH LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 70 EAST 21ST STREET HIALEAH, FL 33010	

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

0000 - Initial Comments

A Monitoring survey was conducted at Divine Living in Hialeah ILC at 12-08-2016 (Lic# # 7170). Deficiencies found at the time of the survey were cited under the complaint survey conducted on the same day (0CYT11).