

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964394	(X3) DATE SURVEY COMPLETED 02/08/2017
NAME OF PROVIDER OR SUPPLIER SALMO 23 ELDER CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 277 EAST 4 STREET HIALEAH, FL 33010	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on February 08, 2017. Salmo 23 Elder Care with Limited Nursing Services and Limited Mental Health components had no deficiencies identified under the surveyed component.