

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910951	(X3) DATE SURVEY COMPLETED R 02/24/2017
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 Complaint (CCR#2016012920 and 2016012165) Revisit survey conducted on February 21, 2017. Divine Living in Hialeah LLC (License #7170) with Limited Mental Health component had no deficiencies at the time of the survey:		