STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966546	**03/07/2017**
NAME OF PROVIDER OR SUPPLIER **ST DB&Y HOME FOR THE ELDERLY,**	STREET ADDRESS, CITY, STATE, ZIP CODE **8715 NW 153RD TERRACE** **HIALEAH, FL 33018**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on March 07, 2017. St DB & Y Home for the Elderly with Limited Nursing Services component had no deficiencies identified at the time of the survey.