

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969174	(X3) DATE SURVEY COMPLETED 03/24/2017
NAME OF PROVIDER OR SUPPLIER NEW ERA COMMUNITY HEALTH CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1351 N KROME AVE HOMESTEAD, FL 33030	

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

0000 - Initial Comments

An Initial Licensure Survey was conducted on 03/24/2017. New Era Community Health Center Llc. with Limited Health Service component had no deficiencies at time of the survey. A recommendation will be sent to the licensure unit for a standard license with limited mental health component for 200 beds.