

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968641	(X3) DATE SURVEY COMPLETED R 03/23/2017
NAME OF PROVIDER OR SUPPLIER NEW AGE ADULTCARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1105 W 2ND AVENUE HIALEAH, FL 33010	

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

0000 - Initial Comments

A Complaint (CCR #201700217) Revisit Survey was conducted on 03/23/17. New Age Adultcare Inc with Limited Mental Health component, license #12526 had previous cited deficiencies corrected at the time of the survey.