

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910951	(X3) DATE SURVEY COMPLETED R 12/07/2016
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 Second Complaint (CCR#2016007050) Revisit Survey was conducted on December 07, 2016. Divine Living in Hialeah LLC (License #7170) with Limited Mental Health component had the no deficiencies at the time of the survey.