STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963986	**05/09/2017**
NAME OF PROVIDER OR SUPPLIER **HIALEAH ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **158 WEST 8 STREET** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

A limited nursing services monitoring survey was conducted on May 9th, 2017. Hialeah Alf Inc with limited mental health and limited nursing services components and license #5989 had deficiencies identified at the time of the survey, cited under the biennial survey.