STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966552	**06/07/2017**
NAME OF PROVIDER OR SUPPLIER **DANIELLAS CARE CENTER INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4325 EAST 9 LANE** **HIALEAH, FL 33013**	

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

0000 - Initial Comments

An abbreviated relicensure survey was conducted at on 06/07/2017. Daniella's Care Center Inc. Assisted Living Facility with Limited Mental Health component, license #10737 had no deficiencies found at the time of survey.