STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968641	R **06/19/2017**
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 #2017001156) Revisit Survey was conducted on June 19, 2017. New Age Adultcare Inc, license #12526, had no deficiencies identified at time of the survey.