

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/26/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910951	(X3) DATE SURVEY COMPLETED R 06/21/2017
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 Revisit Change of Ownership Survey was conducted on June 21, 2017. Divine Living in Hialeah Assisted Living Facility (lic#7170) with Limited Mental Health component had no deficiencies found at time of the survey.