

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964394	(X3) DATE SURVEY COMPLETED R 08/29/2017
NAME OF PROVIDER OR SUPPLIER SALMO 23 ELDER CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 277 EAST 4 STREET HIALEAH, FL 33010	

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

0000 - Initial Comments

A Standard Biennial Third Revisit Survey was conducted on 08/29/17. Salmo 23 Elder Care with Limited Nursing Services and Limited Mental Health components (lic #8904) had no deficiencies identified at the time of the survey.