STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966160	**10/24/2017**
NAME OF PROVIDER OR SUPPLIER **CELENA'S SENIOR CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **10601 SW 142 AVENUE** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A Complaint Survey (CCR 2017008974) was conducted on 10/24/2017. Celena's Senior Care with Limited Mental health component (AL10415) deficiencies identified were cited under Biennial conducted on the same date (Event ID Z8E911).

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