

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964910	(X3) DATE SURVEY COMPLETED R 11/20/2017
NAME OF PROVIDER OR SUPPLIER HIALEAH HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 8230 WEST 16TH AVENUE HIALEAH, FL 33014	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 11/20/17. Hialeah Home (License #9498) had no deficiencies identified at time of the survey.