

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966546	(X3) DATE SURVEY COMPLETED R 11/21/2017
NAME OF PROVIDER OR SUPPLIER ST DB&Y HOME FOR THE ELDERLY,	STREET ADDRESS, CITY, STATE, ZIP CODE 8715 NW 153RD TERRACE HIALEAH, FL 33018	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey Revisit was conducted on November 21, 2017. St DB & Y Home for the Elderly (AL # 10764) had no deficiencies identified at the time of the survey.		