STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911034	R **12/11/2017**
NAME OF PROVIDER OR SUPPLIER **RENACER**	STREET ADDRESS, CITY, STATE, ZIP CODE **115 WEST 5 STREET** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 12/11/17. Renacer (License #7592) with Limited Mental Health component had no deficiencies identified at time of the survey.