STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964923	R **01/17/2018**
NAME OF PROVIDER OR SUPPLIER **HAINAT, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2435 SW 82 AVENUE** **MIAMI, FL 33155**	

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

0000 - Initial Comments -

An Second Revisit to Complaint (CCRs# 2017006194 and 2017006612) was conducted on 01/17/18. Hainat, Inc Assisted Living Facility with Limited Mental Health component and License # 9679 had no deficiencies found at the time of the survey.