STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969174	**01/30/2018**
NAME OF PROVIDER OR SUPPLIER **NEW ERA COMMUNITY HEALTH CENTER LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1351 N KROME AVE** **HOMESTEAD, FL 33030**	

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

0000 - Initial Comments

A Complaint Survey (CCR #2017014312 & #2017015440) was conducted on 01/31/2018. New Era Community Health Center Llc. (License # 12989) with Limited Mental Health component did not have deficiencies identified at the time of the survey.