STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966160	**01/31/2018**
NAME OF PROVIDER OR SUPPLIER **CELENA'S SENIOR CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **10601 SW 142 AVENUE** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A Complaint Survey CCR # 2017012387 and CCR # 2017015561 was conducted on January 26, 2018 & January 31, 2018. Celena's Senior Care with Limited Mental Health component, license # 10415, deficiencies were cited under Event ID NKUM12 and Event ID Z8E912.