

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964394	(X3) DATE SURVEY COMPLETED 02/22/2018
NAME OF PROVIDER OR SUPPLIER SALMO 23 ELDER CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 277 EAST 4 STREET HIALEAH, FL 33010	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on February 22, 2018. Salmo 23 Elder Care (license # 8904) with Limited Nursing Services and Limited Mental Health components did not have deficiencies identified at the time of the survey.