STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966576	R **03/13/2018**
NAME OF PROVIDER OR SUPPLIER **CAROLINA'S CARE CENTER CORP #3**	STREET ADDRESS, CITY, STATE, ZIP CODE **8100 WEST 12 AVENUE** **HIALEAH, FL 33014**	

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

0000 - Initial Comments

A Standard Biennial Second Revisit Survey was conducted on March 13, 2018. Carolina's Care Center Corp III (license #10766) with the limited mental health component had no deficiencies identified at the time of the survey.