STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964219	R **04/02/2018**
NAME OF PROVIDER OR SUPPLIER **EMANUEL RESIDENCE ACLF**	STREET ADDRESS, CITY, STATE, ZIP CODE **343 W 44 STREET** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

A Standard Biennial 3rd Revisit Survey was conducted on April 02, 2018. Emanuel Residence ACLF (license #8954) with the Limited Mental Health component had no deficiencies identified at the time of the survey.