

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922234	(X3) DATE SURVEY COMPLETED R 04/02/2018
NAME OF PROVIDER OR SUPPLIER HETERY HOME FOR THE ELDERLY INC	STREET ADDRESS, CITY, STATE, ZIP CODE 825 SE 7TH AVENUE HIALEAH, FL 33010	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 04/2/18. Hetery Home for the Elderly Inc. (AL#7612) with limited mental health (LMH) component had no deficiencies identified at the time of the survey: