

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964923	(X3) DATE SURVEY COMPLETED R 05/16/2018
NAME OF PROVIDER OR SUPPLIER HAINAT, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2435 SW 82 AVENUE MIAMI, FL 33155	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on May 16, 2018. Hainat, Inc. (license #9679) with limited mental health component and license #9679 had no deficiencies identified at the time of the survey.