STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968641	R **05/16/2018**
NAME OF PROVIDER OR SUPPLIER **NEW AGE ADULTCARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1105 W 2ND 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 5/16/18. New Age Adult Care Inc (license #12526) with Limited Mental Health component had no deficiencies identified at time of the survey.