STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910961	**05/21/2018**
NAME OF PROVIDER OR SUPPLIER **SOUTH HIALEAH MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **240 EAST 5TH STREET** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

A Monitoring Survey was conducted on May 04, 2018. South Hialeah Manor (license #6033) had deficiencies cited under the Standard Biennial at time of the survey.