STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968292	R **07/23/2018**
NAME OF PROVIDER OR SUPPLIER **EL RENACER DE ANA INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5900 NW 7 STREET** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A resident wellness monitoring second revisit survey was conducted on July 23, 2018 at El Renacer de Ana, Inc., License 12236, with a limited mental health component. Deficiencies found during the survey were cited under the biennial revisit conducted on the same day (Aspen ID # NLN112).