STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953384	R **03/07/2018**
NAME OF PROVIDER OR SUPPLIER **COURTYARD MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **140 W 28 STREET** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

A Wellness Monitoring Survey Revisit was conducted on 02/19/2018 through 03/07/2018, in conjunction with a biennial survey (Aspen ID 2Z5E11). Courtyard Manor Retirement (license # 9753) with Limited Mental Health component had an uncorrected deficiency identified at the time of survey:

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC