

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 09/14/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910961	(X3) DATE SURVEY COMPLETED R 08/20/2018
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 Revisit survey was conducted on 8/20/18. South Hialeah Manor with a Limited Mental Health component, (license# 6033) had deficiencies found at the time of the survey cited under the biennial revisit survey.