STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968292	R **09/19/2018**
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 standard biennial survey second revisit was conducted at El Renacer De Ana Inc. on 09/19/18. El Renacer De Ana, Inc. with Limited Mental Health, License #12236 had no deficiencies found at the time of the survey.