| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11922234** | **09/24/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**HETERY HOME FOR THE ELDERLY INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**825 SE 7TH AVENUE**<br>**HIALEAH, FL 33010** | |

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

**0000 - Initial Comments**

A Standard Biennial Survey was conducted on 09/24/18 at Hetery Home for the Elderly INC. The facility Hetery Home for the Elderly INC with limited mental health (LMH) component had no deficiency identified at the time of the survey (AL#7612).