| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969267** | R<br>**12/07/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**ELDERLY R US LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2980 NW 84 TERR**<br>**MIAMI, FL 33147** | |

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

**0000 - Initial Comments**

An Initial Licensure Revisit Survey was conducted on 12/07/18. Elderly R US LLC (file # 11969267) with Limited Mental Health (LMH) component had deficiencies identified at the time of the survey.