

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969174	(X3) DATE SURVEY COMPLETED 12/11/2018
NAME OF PROVIDER OR SUPPLIER NEW ERA COMMUNITY HEALTH CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1351 N KROME AVE HOMESTEAD, FL 33030	

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

0000 - Initial Comments

A Complaint (CCR #2018017850) Survey was conducted at New Era Community Center on 12/10/2018 - 12/11/2018. There were deficiencies cited under the biennial survey.