

**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 R 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 #2018014290) revisit survey was conducted on 12/10/18 an concluded on 12/11/18. New Era Community Health Center LLC. with Limited Mental Health component had deficiencies found at the time of the survey cited under the biennial.