STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964394	R **01/23/2019**
NAME OF PROVIDER OR SUPPLIER **SALMO 23 ELDER CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **277 EAST 4 STREET** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

A Standard Biennial revisit survey was conducted on January 23, 2019. Salmo 23 Elder Care with Limited Nursing Services and Limited Mental Health components had no deficiencies identified at the time of the survey.