STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911570	R **01/24/2019**
NAME OF PROVIDER OR SUPPLIER **OUR DREAM RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1630-1640 PALM AVENUE** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

A Complaint (CCR# 2018013540) Revisit Survey was conducted on January 24, 2019. Our Dream Retirement Home with Limited Mental Health (LMH) component had no deficiencies identified at time of the survey.