

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910961	(X3) DATE SURVEY COMPLETED R 01/23/2019
NAME OF PROVIDER OR SUPPLIER SOUTH HIALEAH MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 240 EAST 5TH STREET HIALEAH, FL 33010	

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

0000 - Initial Comments

A Standard Biennial 3rd Revisit Survey was conducted on January 23, 2019. South Hialeah Manor with Limited Mental Health component had no deficiencies at time of the survey.