STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969174	**02/15/2019**
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 investigation survey (CCR 2019000198) was conducted in conjunction with the biennial revisit survey on 01/29/19 and concluded on 02/15/19. New Era Community Health Center LLC with Limited Mental Health component had deficiencies identified at the time of the survey cited under the revisit.