STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964219	**02/07/2019**
NAME OF PROVIDER OR SUPPLIER **EMANUEL RESIDENCE ACLF**	STREET ADDRESS, CITY, STATE, ZIP CODE **343 W 44 STREET** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

A complaint (CCR#2018018307) survey was conducted 2/7/19. Emanuel Residence ACLF with Limited Mental Health component had deficiencies cited on the biennial survey, ASPEN #42JG11, conducted on the same day.