

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910951	(X3) DATE SURVEY COMPLETED R 05/02/2019
NAME OF PROVIDER OR SUPPLIER SALMOS 23 #4 LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 70 EAST 21ST STREET HIALEAH, FL 33010	

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

0000 - Initial Comments

A revisit to a change of ownership survey was conducted at Salmos 23 #4 LLC on 05/02/19. Deficiencies were found to be corrected at the time of survey.