

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 04/12/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969174	(X3) DATE SURVEY COMPLETED R 04/09/2019
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 Standard Biennial Third Revisit Survey desk review was completed on 04/09/2019 for New Era Community Health Center LLC with limited mental health component.

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