

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964534	(X3) DATE SURVEY COMPLETED 02/09/2017
NAME OF PROVIDER OR SUPPLIER DULCE HOGAR	STREET ADDRESS, CITY, STATE, ZIP CODE 120 NW 26 AVENUE MIAMI, FL 33125	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on February 09, 2017. Dulce Hogar with Limited Nursing Services and Limited Mental Health components (License # 9297) had no deficiencies identified at the time of the survey.