STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966853	**03/08/2017**
NAME OF PROVIDER OR SUPPLIER **JORGE'S HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15172 SW 13TH TERRACE** **MIAMI, FL 33194**	

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

0000 - Initial Comments

A limited nursing services monitoring survey was conducted on March 8th, 2017. Jorge's Home Inc. with limited nursing services and limited mental health health components (license number 11020) had deficiencies identified at the time of the survey, cited under biennial survey.