| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969064** | R<br>**03/10/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**EL NINO DE ATOCHA #33 INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**15355 SW 171 ST**<br>**MIAMI, FL 33187** | |

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

**0000 - Initial Comments**

A wellness monitoring revisit was conducted on 03/10/2017. El Nino De Atocha #33, Inc, with Limited Mental Health component, License# 12904, had no deficiencies identified at the time of the survey.