

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965702	(X3) DATE SURVEY COMPLETED 05/02/2017
NAME OF PROVIDER OR SUPPLIER AMOR DE DIOS	STREET ADDRESS, CITY, STATE, ZIP CODE 718 NW 132 PLACE MIAMI, FL 33182	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Complaint (CCR# 2017002268) Survey was conducted on May 2, 2017. Amor De Dios (License #10069) with Limited Mental Health component had no deficiencies identified at the time of the survey.		