

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966853	(X3) DATE SURVEY COMPLETED R 05/02/2017
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

An abbreviated biennial revisit survey was conducted on April 2nd, 2017. Jorge's Home Inc., with limited nursing services and limited mental health health components (license number 11020) did not have deficiencies identified at the time of the survey.