STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964534	R **07/19/2017**
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 Standard Biennial Second Revisit Survey was conducted on 07/19/17. Dulce Hogar with Limited Mental Health components (License # 9297) had no deficiencies found at the time of the survey.