STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968883	R **09/25/2017**
NAME OF PROVIDER OR SUPPLIER **MI HOGAR, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8240 NW 171 ST** **MIAMI, FL 33015**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 9/25/17 at Mi Hogar Inc. with Limited Mental Health (LMH) components. There were no deficiencies found at the time of the survey.(Lic #1270)