| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967975** | **10/09/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**HOGAR DULCE HOGAR** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5597 WENDY LN**<br>**NAPLES, FL 34112** | |

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

**0000 - Initial Comments**

An unannounced limited nursing services survey was conducted on 10/9/17 at Hogar Dulce Hogar, an assisted living facility (license #11937) in Naples, Florida.

No deficiencies were found at the time of the visit.