

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965837	(X3) DATE SURVEY COMPLETED R 11/06/2017
NAME OF PROVIDER OR SUPPLIER DE' BLANCA HOME IV	STREET ADDRESS, CITY, STATE, ZIP CODE 125 SW 103 COURT MIAMI, FL 33174	

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

0000 - Initial Comments

A Complaint Survey (CCR # 2016007942) Third Revisit was conducted on November 06, 2017. De' Blanca Home IV with Standard license (AL # 10171) had no deficiencies identified at the time of the survey.