STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967542	R **12/07/2017**
NAME OF PROVIDER OR SUPPLIER **HILDA BENGOCHEA CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **335 SW 22 ROAD** **MIAMI, FL 33129**	

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

0000 - Initial Comments

An Attempted to conduct a Standard Biennial 2nd Revisit Survey was conducted on 12/07/17 at Hilda Bengochea Corp, license # 11631. License Surrendered.