

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967861	(X3) DATE SURVEY COMPLETED R 01/16/2018
NAME OF PROVIDER OR SUPPLIER DULCE HOME ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 4001 SW 102 COURT MIAMI, FL 33165	

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

0000 - Initial Comments

A Complaint Survey (CCR#2017010945) revisit was conducted on 11/15/17. Dulce Home ALF Corp with Limited Mental Health component (AL11847) had no deficiencies found at the time of the survey.