| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965387** | **02/06/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**CASA DULCE CORAZON INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**11475 QUAIL ROOST DRIVE**<br>**MIAMI, FL 33157** | |

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

**0000 - Initial Comments**

A standard biennial survey was conducted on 02/06/18. Casa Dulce Corazon Inc. with Limited Mental Health component license #9827 had no deficiencies found at the time of the survey: