

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942793	(X3) DATE SURVEY COMPLETED 02/21/2018
NAME OF PROVIDER OR SUPPLIER LA MILAGROSA HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3341 SW 7 STREET MIAMI, FL 33135	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey was conducted on 02/21/2018. La Milagrosa Home with Limited Mental Health services (License # 7534) had no deficiencies identified at the time of the survey:		