

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965741	(X3) DATE SURVEY COMPLETED R 03/28/2018
NAME OF PROVIDER OR SUPPLIER ABUELITAS HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15257 SW 61ST STREET MIAMI, FL 33193	

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

0000 - Initial Comments

A Biennial Survey 2nd revisit was conducted on 03/28/2018. Abuelita's Home Inc. with a standard license #10139 had no deficiencies identified at the time of the survey.