

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969016	(X3) DATE SURVEY COMPLETED 04/12/2018
NAME OF PROVIDER OR SUPPLIER LAS DELICIAS ALF 2	STREET ADDRESS, CITY, STATE, ZIP CODE 3840 NW 184TH ST MIAMI GARDENS, FL 33055	

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

0000 - Initial Comments

An unannounced complaint investigation (CCR 2018004116) was conducted at Las Delicias ALF #2 (License # 12882) , 3840 NW 184th Street, Miami Gardens, Florida from 4/11/2018 to 4/12/2018. No deficient practices were found at the time of the complaint investigation.