

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/27/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969064	(X3) DATE SURVEY COMPLETED 05/23/2018
NAME OF PROVIDER OR SUPPLIER EL NINO DE ATOCHA #33 INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15355 SW 171 ST MIAMI, FL 33187	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey was conducted on 05/23/2018. El Nino De Atocha #33 Inc. License #12904 had no deficiencies identified at the time of survey.		