

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967411	(X3) DATE SURVEY COMPLETED 06/07/2018
NAME OF PROVIDER OR SUPPLIER DIOS DA EL MANA CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 9980 SW 1 STREET MIAMI, FL 33174	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on June 07, 2018. Dios Da El Mana Corp. (License # 11460) with Limited Nursing Services and Limited Mental Health components had deficiencies identified, cited under the biennial survey.