STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967256	R **07/05/2018**
NAME OF PROVIDER OR SUPPLIER **MI SUBLIME ATARDECER INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **20630 NW 37 CT** **MIAMI, FL 33055**	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on July 05, 2018. Mi Sublime Atardecer Inc. (license #11299) with Limited Mental Health component had no deficiencies identified at the time of survey.