STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967411	R **08/15/2018**
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

An Abbreviated Biennial Re-visit Survey was conducted on 08/15/18. Dios Da El Mana Corp. (License # 11460) with Limited Nursing Services and Limited Mental Health components had no deficiencies found at the time of the survey.