

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969016	(X3) DATE SURVEY COMPLETED R 08/14/2018
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

A Standard Biennial survey revisit was conducted on August 14, 2018. Las Delicias ALF #2 (License #12882) had no deficiencies identified at the time of the survey.