

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968625	(X3) DATE SURVEY COMPLETED R 11/27/2018
NAME OF PROVIDER OR SUPPLIER LA CASA DE TODOS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2364 WEST LAKEWOOD ROAD WEST PALM BEACH, FL 33406	

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

0000 - Initial Comments

An unannounced Relicensure third revisit survey was conducted by desk review on 11/27/2018 for La Casa De Todos Inc, License #12504. The previously cited deficiency was found corrected at the time of the survey.