STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967861	R **12/06/2018**
NAME OF PROVIDER OR SUPPLIER **DULCE HOME ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **4001 SW 102 COURT** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Standard Biennial 3rd Revisit Survey was conducted on 12/06/2018. Dulce Home ALF Corp. with a Limited Mental Health Component, license, had no deficiencies identified at the time of the survey.