

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967861	(X3) DATE SURVEY COMPLETED 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 An emergency power plan complaint inspection (CCR# 2018012590) revisit was conducted on 12/06/2018. Dulce Home ALF Corp. with a Limited Mental Health Component, had no deficiencies identified at the time of the survey.		