STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967227	R **01/09/2019**
NAME OF PROVIDER OR SUPPLIER **J H PUIG INVESTMENTS INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3144 SW 21 STREET** **MIAMI, FL 33145**	

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

0000 - Initial Comments

On January 09, 2019 a follow up to a Limited Mental Health expansion survey was conducted at J H Puig Investment Inc. with standard license. No deficient practice was identified during the survey.