STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967975	R **12/26/2018**
NAME OF PROVIDER OR SUPPLIER **HOGAR DULCE HOGAR**	STREET ADDRESS, CITY, STATE, ZIP CODE **5597 WENDY LN** **NAPLES, FL 34112**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 12/26/18 at Hogar Dulce Hogar, an assisted living facility (license #11937) in Naples, Florida.

This was a follow-up to the relicensure survey completed on 9/17/18.

The previous deficiencies were found corrected and no new deficiencies were identified.