STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965702	R **01/17/2019**
NAME OF PROVIDER OR SUPPLIER **AMOR DE DIOS**	STREET ADDRESS, CITY, STATE, ZIP CODE **718 NW 132 PLACE** **MIAMI, FL 33182**	

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

0000 - Initial Comments

A 2nd follow up visit to a Standard Biennial survey was conducted on 01/17/2019. Amor De Dios had no deficiencies identified at the time of the survey.