STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967248	R **01/24/2019**
NAME OF PROVIDER OR SUPPLIER **HOGAR DE ABUELOS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3240 NW 18 STREET** **MIAMI, FL 33125**	

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

0000 - Initial Comments

An Abbreviated Biennial third revisit survey was conducted on 01/24/2019. Hogar de Abuelos with Limited Mental Health service component had no deficiencies found at the time of the survey: