

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966853	(X3) DATE SURVEY COMPLETED 02/19/2019
NAME OF PROVIDER OR SUPPLIER JORGE'S HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15172 SW 13TH TERRACE MIAMI, FL 33194	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Limited Nursing Services Monitoring Survey was conducted on February 19, 2019. Jorge's Home Inc., with Limited Nursing Services and Limited Mental Health components had deficiencies identified under the Biennial Survey.		