

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/03/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966853	(X3) DATE SURVEY COMPLETED R 05/07/2019
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 revisit to a biennial survey was conducted at Jorge's Home Inc. on 05/07/19. Deficiencies were found to be corrected at the time of the survey.