

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964534	(X3) DATE SURVEY COMPLETED R 05/16/2019
NAME OF PROVIDER OR SUPPLIER DULCE HOGAR	STREET ADDRESS, CITY, STATE, ZIP CODE 120 NW 26 AVENUE MIAMI, FL 33125	

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

0000 - Initial Comments

A Second Revisit to a Biennial survey was conducted at Dulce Hogar on May 16, 2019. The provider had no deficiencies identified at the time of the visit.