

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953440	(X3) DATE SURVEY COMPLETED 05/06/2015
NAME OF PROVIDER OR SUPPLIER ASSISTED LIVING RETIREMENT HOMES II	STREET ADDRESS, CITY, STATE, ZIP CODE 2787-2789 SW 33 AVENUE MIAMI, FL 33133	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on May 06, 2015. Assisted Living Retirement Home II with Limited Nursing Services component had no deficiencies at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 5, 2015

Administrator
Assisted Living Retirement Homes II
2787-2789 Sw 33 Avenue
Miami, FL 33133

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring Survey that was conducted on May 6, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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