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

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

0000 - Initial Comments

An Complaint Inspection Survey (CCR2015002812) was conducted on 5/5/15. Assisted Living Retirement Homes II Assisted Living Facility with Limited Nursing Services component had no deficiencies found at time of survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 4, 2015

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

RE: CCR #2015002812

Dear Administrator:

This letter reports the findings of a Complaint Survey completed on May 5, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact 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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