| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11932642** | **03/29/2016** |
| NAME OF PROVIDER OR SUPPLIER<br>**B & B HOME CARE II, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**17430 SW 118 PLACE**<br>**MIAMI, FL 33177** | |

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

**0000 Initial Comments**

A resident welfare monitoring survey was conducted on 03/29/16. B & B Home Care II, Inc with Limited Mental Health component had no deficiencies found at the time of the survey.