STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964781	**02/09/2017**
NAME OF PROVIDER OR SUPPLIER **SRA CARIDAD RETIREMENT HOME CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **12620 SW 37 TERRACE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on 02/09/2017. Sra Caridad Retirement Home Care II, license # 9377, had no deficiencies found at time of the survey.