

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965711	(X3) DATE SURVEY COMPLETED R 03/09/2017
NAME OF PROVIDER OR SUPPLIER BELLA LUNA RETIREMENT HOME II INC	STREET ADDRESS, CITY, STATE, ZIP CODE 11511 SW 128 STREET MIAMI, FL 33176	

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

0000 - Initial Comments

A Revisit Survey was conducted on 03/09/2017. Bella Luna Retirement Home II, Inc. with limited mental health component and license #10054 had no deficiencies identified at the time of the survey.