STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966515	**07/06/2017**
NAME OF PROVIDER OR SUPPLIER **VILLA NORA #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **998 WEST 31 STREET** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on 07/06/2017. Villa Nora #2 Inc. with Limited Mental Health component (AL 10714) had no deficiencies identified at the time of the survey.