STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966993	R **07/19/2017**
NAME OF PROVIDER OR SUPPLIER **BELLA SISTERS SENIOR CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **16671 SW 52 LANE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey revisit was conducted on 07/19/17. Bella Sisters Senior Care Inc. with a Standard License# 11096 had no deficiencies found at the time of the survey: