STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968105	**08/16/2017**
NAME OF PROVIDER OR SUPPLIER **NUESTRA CASA II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2832 GIULIANO AVE** **LAKE WORTH, FL 33461**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on 8/16/2017 at Nuestra Casa II Inc, License #12032. The facility had no deficiencies at the time of the visit.