STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953440	**08/03/2017**
NAME OF PROVIDER OR SUPPLIER **ASSISTED LIVING RETIREMENT HOMES II**	STREET ADDRESS, CITY, STATE, ZIP CODE **2787-2789 SW 33 AVENUE** **MIAMI, FL 33133**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 08/03/17. Assisted Living Retirement Home II with a Standard license #8520 had no deficiencies found at the time of the survey.