

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968519	(X3) DATE SURVEY COMPLETED 09/06/2017
NAME OF PROVIDER OR SUPPLIER RITA MARIA TWO ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 16649 SW 44 ST MIAMI, FL 33185	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey was conducted on 09/06/17. Rita Maria Two ALF with a a standard license (# 12432) had no deficiencies found at the time of the survey.		