STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965711	R **08/30/2017**
NAME OF PROVIDER OR SUPPLIER **BELLA LUNA RETIREMENT HOME II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11511 SW 128 STREET** **MIAMI, FL 33176**	

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

0000 - Initial Comments

A Standard Biennial Re-visit Survey was conducted on 08/30/17. Bella Luna Retirement Home II inc. with Limited Mental Health component License #11134 had no deficiencies found at the time of the survey.