

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/23/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967053	(X3) DATE SURVEY COMPLETED 10/09/2017
NAME OF PROVIDER OR SUPPLIER VARADERO RETIREMENT HOME II, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15372 SW 117 STREET MIAMI, FL 33196	

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

0000 - Initial Comments

A standard biennial survey was conducted on 10/09/17. Varadero Retirement Home II, Inc. with a standard license (#11163) had no deficiencies found at the time of the survey.