STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967370	R **10/23/2017**
NAME OF PROVIDER OR SUPPLIER **LIVING WELL ALF #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **21280 OLD CUTLER ROAD** **CUTLER BAY, FL 33189**	

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

0000 - Initial Comments

A Monitoring Revisit Survey was conducted on 10/23/2017. Living Well ALF #2 with license number 11461 had no deficiencies identified at the time of survey.