| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967685** | R<br>**12/13/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**CARING HANDS ASSISTED LIVING II** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**13025 NW 2 AVENUE**<br>**MIAMI, FL 33168** | |

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

**0000 - Initial Comments**

An Abbreviated Biennial Survey Revisit was conducted on December 13, 2017. Caring Hands Assisted Living II (AL # 11684) had no deficiencies found at time of the survey.