STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953411	**03/06/2018**
NAME OF PROVIDER OR SUPPLIER **LEYI'S ADULT CARE II**	STREET ADDRESS, CITY, STATE, ZIP CODE **1017 NW 29TH AVENUE** **MIAMI, FL 33125**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on 03/05/2018. Leyi's Adult Care II with Limited Mental Health component, license # 8602, had no deficiencies identified at the time of the survey.