STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966656	R **04/30/2018**
NAME OF PROVIDER OR SUPPLIER **IVE HOME II ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **22636 SW 125 AVENUE** **MIAMI, FL 33170**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 04/30/2018. Ive Home II ALF with a Limited Mental Health component, Licensed #10826 had no deficiencies identified at the time of the survey: