STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967459	R **06/15/2018**
NAME OF PROVIDER OR SUPPLIER **LILITA HOME II INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2451 SW 103 WAY** **MIRAMAR, FL 33025**	

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

0000 - Initial Comments

An unannounced relicensure revisit survey was conducted on 6/15/18 at Lilita Home II, Inc., License #11515. The facility corrected all outstanding deficiencies at the time of the survey.