STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967685	**05/10/2018**
NAME OF PROVIDER OR SUPPLIER **CARING HANDS ASSISTED LIVING II**	STREET ADDRESS, CITY, STATE, ZIP CODE **13025 NW 2 AVENUE** **MIAMI, FL 33168**	

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

0000 - Initial Comments

A Resident Wellness Monitoring Visit was conducted on 05/10/18. Caring hands Assisted Living II, licence #11684, had no deficiencies at the time of the survey.