STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967711	**10/13/2016**
NAME OF PROVIDER OR SUPPLIER **DIAZ HOME CARE ALF II, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12211 SW 268 STREET** **HOMESTEAD, FL 33032**	

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

0000 - Initial Comments

A Change of Ownership survey was conducted on 10/13/16. Diaz Home Care ALF II, Inc, license number 11715, had no deficiencies found at the time of the survey.