STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965825	R **07/02/2018**
NAME OF PROVIDER OR SUPPLIER **DE' BLANCA HOME II**	STREET ADDRESS, CITY, STATE, ZIP CODE **2520 SW 102 AVENUE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Standard Biennial Survey 2nd revisit was conducted on 07/02/2018. De' Blanca Home II License #10154 with Limited Mental Health (LMH) component had no deficiencies found at the time of the survey: