STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966265	R **06/12/2018**
NAME OF PROVIDER OR SUPPLIER **BUENA VISTA HEALTH CARE II, CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **7968 W 14 COURT** **HIALEAH, FL 33014**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on July 09, 2018. Buena Vista Health Care II, Corp. (license # 10490) had no deficiencies identified at the time of the survey.