STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967753	R **09/04/2018**
NAME OF PROVIDER OR SUPPLIER **VICTORIA'S DEDICATED RETIREMENT HOME II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2535 NW NORTH RIVER DRIVE** **MIAMI, FL 33125**	

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

0000 - Initial Comments

A revisit to a standard biennial and generator monitoring survey was conducted at Victoria's Dedicated Retirement Home II Inc. on 09/04/18. Victoria's Dedicated Retirement Home II Inc (License #11781) with Limited Mental Health component had no deficiencies found at the time of the survey.