STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968320	R **10/24/2018**
NAME OF PROVIDER OR SUPPLIER **OUR FAMILY ASSISTED LIVING FACILITY II, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1813 SW 150 PLACE** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A Complaint Survey (CCR# 2018013199) Revisit was conducted on October 24, 2018. Our Family Assisted Living Facility II, Inc (license #12214) had no deficiencies identified at the time at the survey.