

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969455	(X3) DATE SURVEY COMPLETED R 12/27/2018
NAME OF PROVIDER OR SUPPLIER BRITOS HOME II CORPORATION	STREET ADDRESS, CITY, STATE, ZIP CODE 8603 NW 192 LN MIAMI GARDENS, FL 33015	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A desk review was conducted for Britos Home II on January 16, 2019. No deficiencies were identified at the time of the review.		