STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967521	R **01/09/2019**
NAME OF PROVIDER OR SUPPLIER **PALMETTO ALF II, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8933 NW 172ND** **HIALEAH, FL 33018**	

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

0000 - Initial Comments

An Abbreviated Biennial revisit survey was conducted 01/9/19. Palmetto Alf II, Inc. with Limited Nursing Services and Limited Mental Health components had no deficiencies identified at the time of the survey.