STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967507	R **02/11/2019**
NAME OF PROVIDER OR SUPPLIER **BELEN SWEET HOME ALF II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **11825 SW 206 STREET** **MIAMI, FL 33177**	

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

0000 - Initial Comments

A standard biennial second revisit survey was conducted on 02/11/19. Belen Sweet Home ALF, with a Limited Mental Health component, had no deficiencies identified at the time of survey: