STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966515	**04/23/2019**
NAME OF PROVIDER OR SUPPLIER **VILLA NORA #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **998 WEST 31 STREET** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

A re-licensure survey was conducted at Villa Nora #2 Inc. on 04/23/19. The provider had no deficiencies identified at the time of the visit.