STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953440	**04/17/2019**
NAME OF PROVIDER OR SUPPLIER **ASSISTED LIVING RETIREMENT HOMES II**	STREET ADDRESS, CITY, STATE, ZIP CODE **2787-2789 SW 33 AVENUE** **MIAMI, FL 33133**	

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

0000 - Initial Comments

A Complaint investigation (complaint number 2019004485) was conducted at Assisted Living Retirement Home II on April 17, 2019. The facility had deficiencies identified at the time of the investigation, cited under the re-licensure survey (Event ID #633F11), conducted on the same day.