STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968105	**05/08/2019**
NAME OF PROVIDER OR SUPPLIER **NUESTRA CASA II INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2832 GIULIANO AVE** **LAKE WORTH, FL 33461**	

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

0000 - Initial Comments

A Relicensure survey was conducted on 05/08/2019 at Nuestra Casa II Inc. The facility had no deficiencies at the time of the survey.