

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968753	(X3) DATE SURVEY COMPLETED R 04/24/2017
NAME OF PROVIDER OR SUPPLIER TRAILWINDS ASSISTED LIVING, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 14929 SW 39TH ST MIAMI, FL 33185	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on April 24, 2017. Trailwinds Assisted Living, LLC (Lic #12636) had no deficiencies identified at the time of the visit.