

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/02/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968461	(X3) DATE SURVEY COMPLETED 05/16/2017
NAME OF PROVIDER OR SUPPLIER SILVER TIMES ASSISTED LIVING FACILITY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 18830 NW 80TH AVE MIAMI, FL 33015	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey was conducted on May 16, 2017. Silver Times Assisted Living Facility, LLC. (License # 12381) had no deficiencies identified at the time of the survey.		