

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966339	(X3) DATE SURVEY COMPLETED 05/09/2017
NAME OF PROVIDER OR SUPPLIER SOL ASSISTED LIVING FACILITY II INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5716 SW 149 PLACE MIAMI, FL 33193	

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

0000 - Initial Comments

A Limited Mental Health (LMH) component expansion survey conducted on 05/09/2017. Sol Assisted Living Facility, license #10555, had deficiencies identified cited under the change of ownership survey at time of the survey.