STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968508	**06/01/2017**
NAME OF PROVIDER OR SUPPLIER **SUNSET WEST ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **13360 SW 66 ST** **MIAMI, FL 33183**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on June 01, 2017. Sunset West Assisted Living LLC had no deficiencies identified at time of the survey.