STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967082	R **07/18/2017**
NAME OF PROVIDER OR SUPPLIER **SILVER PALM ALF III, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8640 SW 185 STREET** **MIAMI, FL 33157**	

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

0000 - Initial Comments

A Complaint (#2017000424) Second Revisit Survey was conducted at Silver Palm ALF III, License #11170. There were no deficiencies identified at the time of the survey.