STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966339	R **09/01/2017**
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 Change of Ownership Second Revisit Survey desk review was conducted on September 1, 2017 for Sol Assisted Living Facility II Inc, license #10555.