STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965436	**10/03/2017**
NAME OF PROVIDER OR SUPPLIER **SILVER LIFE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2830 SW 106 AVENUE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A full monitoring survey was conducted on 10/03/2017 at Silver Life Llc. (Al 9834) deficiencies found were cited under the Biennial survey.