

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965436	(X3) DATE SURVEY COMPLETED R 11/22/2017
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 Biennial Revisit survey was conducted on 11/22/2017. Silver Life Llc. license (AI 9834) had no deficiencies at time of the survey.