STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911390	R **12/26/2017**
NAME OF PROVIDER OR SUPPLIER **SYLVIA'S RETIREMENT HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1823 NW 94 STREET** **MIAMI, FL 33147**	

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

0000 - Initial Comments

A Standard Biennial second revisit survey was conducted on 12/26/17. Sylvia's Retirement Home, Inc (license #5887) with Limited Mental Health component did not have deficiencies identified at time of the survey.