STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969261	**12/28/2017**
NAME OF PROVIDER OR SUPPLIER **FIVE STAR ASSISTED LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5384 NW 4 ST** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A Initial Survey was conducted on December 28, 2017. Five Star Assisted Living Facility Inc. had no deficiencies identified at the time of the survey. A reconmendation will be sent to Tallahassee to provide a license for 14 beds.