

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967082	(X3) DATE SURVEY COMPLETED R 03/13/2018
NAME OF PROVIDER OR SUPPLIER SILVER PALM ALF III, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8640 SW 185 STREET MIAMI, FL 33157	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 03/13/2018. Silver Palm ALF III, License #11170 had the no deficiencies identified at the time of the survey.