STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964288	R **05/15/2018**
NAME OF PROVIDER OR SUPPLIER **DAYLIEN'S LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2920 SW 12 STREET** **MIAMI, FL 33135**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted at on 05/15/2018. Daylien's Living Facility with Limited Mental Health component, license #9140, had not deficiencies found at the time of the survey: