STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966977	R **06/07/2018**
NAME OF PROVIDER OR SUPPLIER **SILVER PALM ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **11271 SW 229 TERRACE** **MIAMI, FL 33170**	

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

0000 - Initial Comments

A Standard Biennial survey was conducted on 06/07/18. Silver Palm ALF Corp. (License #11069) with Limited Mental Health component had the previously cited deficiencies corrected at the time of the survey.