

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967319	(X3) DATE SURVEY COMPLETED R 06/28/2018
NAME OF PROVIDER OR SUPPLIER SILVER DAYS ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 8823 SW 151 COURT MIAMI, FL 33196	

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

0000 - Initial Comments

A Standard Biennial Survey revisit was conducted on 06/28/2018. Silver Days ALF (License #11376) had no deficiencies found at the time of the survey.