STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965704	R **07/30/2018**
NAME OF PROVIDER OR SUPPLIER **SOL ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2400 SW 137 COURT** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Biennial Survey revisit was conducted on 07/30/2018. Sol Assisted Living Facility (License #10061) had the previously cited deficiency corrected at the time of the survey.