STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967473	R **11/06/2018**
NAME OF PROVIDER OR SUPPLIER **SILVER LAKE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3211 W SITKA STREET** **TAMPA, FL 33614**	

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

0000 - Initial Comments

A follow-up to a 09/19/2018 biennial licensure survey was conducted for Silver Lake Assisted Living Facility on 11/06/2018. The previously cited deficiencies were found corrected via desk review.

License #11512