STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966977	R **10/25/2018**
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 Complaint (CCR#2018004429) 2nd Revisit Survey was conducted on 10/25/2018. Silver Palm ALF Corp. with Limited Mental Health Component (license #11069) had no deficiencies at the time of the survey.