STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966844	R **12/05/2018**
NAME OF PROVIDER OR SUPPLIER **SILVER PALM ALF II LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10241 SW 134 AVENUE** **CROSSINGS, FL 33186**	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on 12/05/2018. Silver Palm ALF II, LLC had no deficiencies identified at the time of the survey.