STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968753	R **01/02/2019**
NAME OF PROVIDER OR SUPPLIER **TRAILWINDS ASSISTED LIVING, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14929 SW 39TH ST** **MIAMI, FL 33185**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 01/02/19. Trailwinds Assisted Living Facility, had no deficiencies identified at the time of the survey.