

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/27/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964770	(X3) DATE SURVEY COMPLETED R 02/13/2019
NAME OF PROVIDER OR SUPPLIER SYLVIA'S SENIOR HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 23025 SW 120 AVENUE MIAMI, FL 33170	

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

0000 - Initial Comments

A Monitoring Revisit Survey was conducted on February 13, 2019. Sylvia's Senior Home, with a standard license had no deficiencies identified at the time of the survey.