

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966339	(X3) DATE SURVEY COMPLETED R 02/21/2019
NAME OF PROVIDER OR SUPPLIER SOL ASSISTED LIVING FACILITY II INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5716 SW 149 PLACE MIAMI, FL 33193	

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

0000 - Initial Comments

A standard biennial survey 2nd revisit desk review was completed on 02/21/2019 for Sol Assisted Living Facility II with standard license.