STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969487	**02/11/2019**
NAME OF PROVIDER OR SUPPLIER **SILVER YEARS ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10220 SW 164TH ST** **MIAMI, FL 33157**	

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

0000 - Initial Comments

On February 11, 2019 an Initial licensure survey was conducted at Silver Years ALF , Inc. Deficient practice was not identified during the survey. A recommendation will be sent to the licensure unit for a standard license with limited mental health component and a capacity of 6 beds.