STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969261	R **04/25/2019**
NAME OF PROVIDER OR SUPPLIER **FIVE STAR ASSISTED LIVING FACILITY INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5384 NW 4 ST** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A revisit to a complaint survey was conducted at Five Star Assisted Living Facility Inc. on 04/09/2019 & 04/25/2019. Deficiencies were found to be corrected at the time of the survey.