STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968461	R **05/13/2019**
NAME OF PROVIDER OR SUPPLIER **SILVER TIMES ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **18830 NW 80TH AVE** **MIAMI, FL 33015**	

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

0000 - Initial Comments

A revisit to re-licensure survey was conducted at Silver Times Assisted Living Facility LLC on 5/13/19.
The provider had no deficiencies at the time of the visit.