STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967271	R **03/14/2018**
NAME OF PROVIDER OR SUPPLIER **PREMIER ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **11401 SW 42 TERRACE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Standard Biennial desk review revisit survey was completed on 03/14/2018 at Premier Assisted Living with standard license (11329).