

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/25/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968508	(X3) DATE SURVEY COMPLETED 06/06/2019
NAME OF PROVIDER OR SUPPLIER SUNSET WEST ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 13360 SW 66 ST MIAMI, FL 33183	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A generator monitoring was conducted at Sunset West Assisted Living LLC. on 06/06/2019. The facility had no deficiencies at the time of survey.		