

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966874	(X3) DATE SURVEY COMPLETED R 02/28/2017
NAME OF PROVIDER OR SUPPLIER SUNNY DAYS ALF, INC II	STREET ADDRESS, CITY, STATE, ZIP CODE 4645 SW VAHALLA ST PORT SAINT LUCIE, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

A revisit to the Abbreviated Re-Licensure with Limited Nursing Services (LNS) and Limited Mental Health (LMH) survey was conducted on February 28, 2017 by desk review for Sunny Days ALF, Inc. (License #10988). All of the outstanding deficiencies were corrected at the time of the desk review.