

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965505	(X3) DATE SURVEY COMPLETED R 03/27/2017
NAME OF PROVIDER OR SUPPLIER SUN COAST RESIDENTIAL CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 813 SW 9TH STREET HALLANDALE BEACH, FL 33009	

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

0000 - Initial Comments

An unannounced relicensure revisit survey was conducted on 03/27/2017 at Sun Coast Residential Care Assisted Living Facility, License 9856. The facility had all previously cited deficiencies corrected at the time of the visit