| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964404** | **05/17/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**SUNNYDAYS ALF, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**169 N.E. PRIMA VISTA BLVD.**<br>**PORT SAINT LUCIE, FL 34983** | |

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

**0000 - Initial Comments**

An unannounced Limited Nursing Services monitoring survey was conducted on 5/17/17 at Sunny Days (license 9008). The facility was found in compliance at the time of this survey.