STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969207	**06/05/2017**
NAME OF PROVIDER OR SUPPLIER **BARBARA'S SUNNY DAY II LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3927 BUTTERCUP CIRCLE S** **PALM BEACH GARDENS, FL 33410**	

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

0000 - Initial Comments

An initial Assisted Living Facility licensure survey for a capacity of 6 residents was conducted on 06/05/2017 at Barbara's Sunny Day II, LLC. The facility had no deficiencies found at the time of the visit.