STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966029	R **07/03/2017**
NAME OF PROVIDER OR SUPPLIER **SUNNY RESIDENCE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9001 SW 20TH STREET** **MIRAMAR, FL 33025**	

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

0000 - Initial Comments

A desk review revisit to the Relicensure survey was conducted on 06/27/2017 and 7/3/2017 at Sunny Residence Inc , FL License # 10332. The facility had no deficiencies at the time of the visit.