

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964404	(X3) DATE SURVEY COMPLETED 07/12/2017
NAME OF PROVIDER OR SUPPLIER SUNNYDAYS ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 169 N.E. PRIMA VISTA BLVD. PORT SAINT LUCIE, FL 34983	

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

0000 - Initial Comments

An unannounced Complaint investigation (CCR #2017004072) was conducted on July 3, 2017 through July 12, 2017 at Sunnydays ALF Inc. (License #9008). The facility had no deficiencies identified at the time of the survey.

Note: The Re-Licensure survey was conducted in conjunction with this survey on the same date. Please refer to the separate report for the findings.