STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966622	R **07/31/2017**
NAME OF PROVIDER OR SUPPLIER **GOLDEN AGE SENIORS OF SUNRISE**	STREET ADDRESS, CITY, STATE, ZIP CODE **9811 NW 31ST PLACE** **SUNRISE, FL 33351**	

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

0000 - Initial Comments

A licensure revisit survey was conducted by desk review on 07/31/17 at Golden Age Seniors of Sunrise, License #10786. The facility had no deficiencies at the time of the revisit.