STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964404	R **08/30/2017**
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

A relicensure revisit survey conducted by desk review was completed on 8/30/17 for Sunnydays ALF Inc. (License #9008). The facility had no uncorrected deficiencies identified at the time of the survey.