STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966051	**08/16/2017**
NAME OF PROVIDER OR SUPPLIER **SUNNY HOME CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9099 NW 113 STREET** **HIALEAH GARDENS, FL 33018**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on August 16,2017. Sunny Home Care, Inc. with Limited Mental Health components had no deficiencies found at time of the survey. (License #10335)