

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910413	(X3) DATE SURVEY COMPLETED R 12/29/2017
NAME OF PROVIDER OR SUPPLIER SUN BAY MANOR II	STREET ADDRESS, CITY, STATE, ZIP CODE 8820 SW 148 STREET MIAMI, FL 33176	

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

0000 - Initial Comments

An Abbreviated Biennial Third Revisit Survey was conducted on 12/29/17. Sun Bay Manor II with a standard license (AL 7561) had no deficiencies identified at the time of the survey.