STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966261	**03/15/2018**
NAME OF PROVIDER OR SUPPLIER **ROYAL LIVING AT SUNRISE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **3181 NW 94TH WAY** **SUNRISE, FL 33351**	

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

0000 - Initial Comments

An unannounced abbreviated re-licensure survey was conducted on 3/15/18 at Royal Living at Sunrise Inc., License #10471. The facility had no deficiencies at the time of the visit.