STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966622	R **06/04/2018**
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 Relicensure second revisit survey was conducted by desk review on 06/04/2018 for Golden Age Seniors of Sunrise, License #10786. The facility had no deficiencies identified at the time of the survey.