STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965854	R **07/03/2018**
NAME OF PROVIDER OR SUPPLIER **SUANY'S HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **20411 SW 116 ROAD** **MIAMI, FL 33189**	

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

0000 - Initial Comments

A Standard Biennial Revisit survey was conducted on 07/03/2018. Suany's Home, license #10173, with Limited Mental Health component had no deficiencies identified at the time of the survey.