STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965897	**07/26/2018**
NAME OF PROVIDER OR SUPPLIER **SUNNY HILLS OF HOMESTEAD**	STREET ADDRESS, CITY, STATE, ZIP CODE **25268 SW 134th Avenue** **PRINCETON, FL 33032**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on July 25th, 2018 and concluded on July 26th, 2018. Sunny Hills Alf of Homestead, Inc with limited nursing services component (license number 10203) had a deficiency identified at the time of the survey which was cited under standard biennial survey.