STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922235	**09/06/2018**
NAME OF PROVIDER OR SUPPLIER **SUN COAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **9111 SW 28 TERRACE** **MIAMI, FL 33165**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey in conjunction with standard biennial survey was conducted on August 29th, 2018 and concluded on September 6th, 2018. Sun Coast (AL#7958) with Limited Nursing Services component had deficiencies identified at the time of the survey and cited under Standard Biennial Survey.