STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942845	R **09/17/2018**
NAME OF PROVIDER OR SUPPLIER **SUNRISE ADULT CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4102 COOLEY COURT** **LAKE WORTH, FL 33461**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted on 09/17/2018 at Sunrise Adult Care, License #8286. The previously cited deficiency was found corrected.