STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965897	R **10/22/2018**
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 follow-up to a standard biennial survey was conducted on 10/22/18. Sunny Hills of Homestead, Inc with limited nursing services component (license number 10203) had no deficiencies found at the time of the survey.