

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910412	(X3) DATE SURVEY COMPLETED R 10/26/2018
NAME OF PROVIDER OR SUPPLIER SUN BAY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 8440 SW 155 TERRACE MIAMI, FL 33157	

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

0000 - Initial Comments

A Standard Biennial 2nd revisit survey was conducted on 10/26/2018. Sun Bay Manor (License 6094) had no deficiencies identified at the time of the survey.