STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910412	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 Complaint (CCR# 2018012821) Revisit survey was conducted on 10/26/2018. Sun Bay Manor, license number 6094, had no deficiencies identified at the time of the survey.