

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922235	(X3) DATE SURVEY COMPLETED R 11/01/2018
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 Standard Biennial Survey Revisit was conducted on November 1st, 2018. Sun Coast (AL#7958) with Limited Nursing Services component had no deficiencies identified at the time of the survey.