STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967416	R **11/27/2018**
NAME OF PROVIDER OR SUPPLIER **SUNHAVEN VILLA**	STREET ADDRESS, CITY, STATE, ZIP CODE **11810 NW 30TH PLACE** **SUNRISE, FL 33323**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted by desk review on 11/27/2018 for Sunhaven Villa, License #11474. The previously cited deficiency was found corrected on the day of the survey.