STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965505	R **11/05/2018**
NAME OF PROVIDER OR SUPPLIER **SUN COAST RESIDENTIAL CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **813 SW 9TH STREET** **HALLANDALE BEACH, FL 33009**	

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

0000 - Initial Comments

An unannounced licensure complaint revisit survey, CCR #2018011787 was conducted on 11/05/2018 at Sun Coast Residential Care, License #9856. The facility had corrected the outstanding deficiency at the time of the survey.

(An unannounced Relicensure revisit survey was conducted in conjunction with the above survey. Please see separate report for findings).