STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966029	R **05/14/2019**
NAME OF PROVIDER OR SUPPLIER **SUNNY RESIDENCE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9001 SW 20TH STREET** **MIRAMAR, FL 33025**	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted as a desk review for Sunny Residence , Llc on 05/14/19.
Deficiencies were found to be corrected at the time of the survey.