STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966834	R **05/13/2019**
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS RETIREMENT HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2402 GREENACRE RD** **APOPKA, FL 32703**	

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

0000 - Initial Comments

A second revisit to a biennial survey including Limited Nursing Services was conducted at Sunny Days Retirement Home Inc. Assisted Living Facility on 5/13/19. Deficiencies were corrected at the time of the survey.