STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966874	R **05/24/2019**
NAME OF PROVIDER OR SUPPLIER **SUNNY DAYS ALF, INC II**	STREET ADDRESS, CITY, STATE, ZIP CODE **4645 SW VAHALLA ST** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

A second revisit to the Relicensure survey was conducted on 05/24/2019 at Sunny Days ALF, Inc. II. Deficiencies previsously cited were found corrected at the time of the survey.