

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969207	(X3) DATE SURVEY COMPLETED R 05/23/2019
NAME OF PROVIDER OR SUPPLIER BARBARA'S SUNNY DAY II LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3927 BUTTERCUP CIRCLE S PALM BEACH GARDENS, FL 33410	

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

0000 - Initial Comments

A revisit to the Relicensure survey was conducted on 05/23/19 by desk review for Barbara's Sunny Day II LLC. The previously cited deficiencies were found corrected at the time of the survey.