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|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11967423</b>                          | (X3) DATE SURVEY COMPLETED<br><br><b>08/29/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Sunshine Senior Care Services</b>                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1730 NW 111th Terrace<br/>Pembroke Pines, FL 33026</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                    |                                                     |

**0000-Initial Comments**

An unannounced Relicensure survey was conducted on 8/29/14 at Sunshine Senior Care Services. The facility had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR  
  
ELIZABETH DUDEK  
SECRETARY

September 10, 2014

Administrator  
Sunshine Senior Care Services  
1730 NW 111th Terrace  
Pembroke Pines, FL 33026

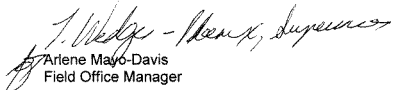
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on August 29, 2014 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

  
Arlene Mayo-Davis  
Field Office Manager

AMD/dso  
Enclosure: State form 5000-3547

1GGN

