STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910804	R **08/23/2017**
NAME OF PROVIDER OR SUPPLIER **SUNSHINE CHRISTIAN HOMES, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **5250 WHIPPOORWILL DRIVE** **HOLIDAY, FL 34690**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 8/23/17 to the abbreviated biennial state licensure survey of 6/29/17. At the time of the desk review, it was determined that the previously cited deficiencies at Sunshine Christian Homes, Inc. had been corrected.

(License # 5602)