STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953603	**08/21/2017**
NAME OF PROVIDER OR SUPPLIER **SUNSHINE ADULT CENTER #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **170 WEST 13 STREET** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

A monitoring survey to check on residents' wellness was conducted on 08/21/2017 at Sunshine Adult Center #2 with Limited Mental Health component (AL 5626).