

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953274	(X3) DATE SURVEY COMPLETED 08/21/2017
NAME OF PROVIDER OR SUPPLIER SUNSHINE ADULT CENTER CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 180 WEST 13 STREET HIALEAH, FL 33010	

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

0000 - Initial Comments

A wellness monitoring survey was conducted on 08/21/2017 at Sunshine Adult Center corp. with Limited Mental Health (LMH) and Extended Congregate Care (ECC) components (AL 5626).