STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953274	**10/25/2017**
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

An Abbreviated Biennial Survey was conducted on October 25, 2017. Sunshine Adult Center Corp. (AL#5626) with Extended Congregate Care and Limited Mental Health components had no deficiencies identified at the time of the survey.