

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968502	(X3) DATE SURVEY COMPLETED R 03/13/2018
NAME OF PROVIDER OR SUPPLIER SUNSHINE ELDERCARE OF MIAMI LAKES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6911 BAMBOO ST MIAMI LAKES, FL 33014	

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

0000 - Initial Comments

A Standard Biennial 3rd Revisit Survey was conducted on 03/08/18 and concluded on 03/13/18. Sunshine Eldercare of Miami Lakes Inc (license #12403) with Limited Mental Health component did not have deficiencies identified at time of the survey.