| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965934** | R<br>**03/13/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**SUNSHINE ELDERLY RESIDENCES, CORP** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**870 NE 5 STREET**<br>**HIALEAH, FL 33010** | |

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

**0000 - Initial Comments**

A Standard Biennial Revisit Survey was conducted on March 13, 2018. Sunshine Elderly Residences, Corp (license #10235) with Limited Mental Health Component had no deficiencies identified at the time of the survey.