STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966272	R **06/12/2018**
NAME OF PROVIDER OR SUPPLIER **SUNSHINE HOME ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4264 WEST 7 LANE** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

A Standard Biennial revisit survey desk review was completed on 06/12/2018 for Sunshine Home ALF, Inc. (License #10522). The previously cited deficiency was corrected.