STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953274	**06/14/2018**
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 Complaint (CCR# 2018004177) Survey was conducted on , 2018 and concluded on , 2018. Sunshine Adult Center Corp. (AL#5626) with Extended Congregate Care and Limited Mental Health components had deficiencies identified at the time of the survey.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview the facility failed to have the emergency management plan reviewed annually.

Findings included:

Record review revealed the facility submitted an emergency management plan, but they did not receive the approval letter from local agency.

Interview on at 12:00 pm Staff B confirmed that the facility did not receive an Emergency Management Plan approval.

Class III