

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/03/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910857	(X3) DATE SURVEY COMPLETED 07/09/2018
NAME OF PROVIDER OR SUPPLIER SUNSET LOVING CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9740 SW 77 TERRACE MIAMI, FL 33173	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on 07/09/2018. Sunset Loving Care Inc. with Limited mental health license (licensed #5235) did not have deficiencies identified at the time of survey.