

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953274	(X3) DATE SURVEY COMPLETED R 08/20/2018
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) Revisit Survey and generator monitoring survey was conducted on August 20, 2018. Sunshine Adult Center Corp. (AL#5626) with Extended Congregate Care and Limited Mental Health components had no deficiencies identified at the time of the survey.