STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953603	R **10/23/2018**
NAME OF PROVIDER OR SUPPLIER **SUNSHINE ADULT CENTER #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **170 WEST 13 STREET** **HIALEAH, FL 33010**	

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

0000 - Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on 10/23/18. Sunshine Adult Center #2, License #5971, with Limited Mental Health component had no deficiencies at the time of the survey.