STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966272	**12/27/2018**
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 Complaint (2018016684) Survey was conducted on . Sunshine Home ALf, Inc. had deficiencies identified at the time of survey.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to have an safe and clean environment for five of five sampled residents ( ).
Findings included:

Observation on at 11:45 am revealed # had a wall with peeling paint next to the window, and it was missing nightstand. # 's closet door was missing and popcorn ceiling was stained. Bathroom #1 (next to) was missing a piece of tile behind the sink. The closet next to # was under reparation, and there were a stand lamp, cleaning utensils, towel papers and bathroom mirror accumulating on the hallway next to # # . At the rear side of the facility (backyard), there were wood debris and construction material.

Interview on at 1:00 pm Staff A stated, "I am repairing some areas of the facility. The repair is in process and will look much better when finished."

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the facility failed to have fuel for the generator and failed to have the generator ten from the facility.

Findings included:

Observation on at 12:30 pm revealed the facility did not have fuel for the generator. In addition, the facility had the generator inside of the facility at a storage room, as well as, the six empty gallons (5 gallons).

Interview on at 12:30 pm Staff A stated, "I do not have gasoline for the generator because I do not have a place to properly keep them, yet."

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Class III