| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964851** | R<br>**01/25/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**SUNSHINE ASSISTED LIVING, INC.** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6513 NW 55TH STREET**<br>**CORAL SPRINGS, FL 33067** | |

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

**0000 - Initial Comments**

An unannounced Relicensure third revisit survey was conducted by desk review on 01/25/2019 for Sunshine Assisted Living, Inc., License #9300. The previously cited deficiency was found corrected at the time of the survey.