

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953274	(X3) DATE SURVEY COMPLETED 01/15/2019
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

An Extended Congregate Care Monitoring Survey was conducted on January 15, 2019. Sunshine Adult Center Corp. with Extended Congregate Care and Limited Mental Health components had no deficiencies identified under the monitored component at the time of the survey.