STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967423	**03/01/2019**
NAME OF PROVIDER OR SUPPLIER **SUNSHINE SENIOR CARE SERVICES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1730 NW 111TH TERRACE** **PEMBROKE PINES, FL 33026**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2018018371, was conducted on [redacted] at Sunshine Senior Care Services, Inc., License #11457. The facility had deficiencies identified at the time of the survey.

(An unannounced Relicensure second revisit survey was conducted in conjunction with the above licensure complaint survey. Please see separate report for findings.)

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on interview and record review, the facility failed to provide a copy of the approval letter for the Emergency Environmental Control Plan.

The fininding included:

On [redacted] at 2:54 PM, a telephone interview was conducted with the Administrator. The Administrator was requested to provide a copy of the emergency generator plan approval letter. The Administrator stated that she does not have an approval letter for the generator.

The Administrator acknowledged the findings and no additional information was provided.

Class III