STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968502	R **03/08/2019**
NAME OF PROVIDER OR SUPPLIER **SUNSHINE ELDERCARE OF MIAMI LAKES INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6911 BAMBOO ST** **MIAMI LAKES, FL 33014**	

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

0000 - Initial Comments

A Complaint (CCR #2018017324) Revisit Survey was conducted on March 08, 2019. Sunshine Eldercare of Miami Lakes with Limited Mental Health component had no deficiencies identified at the time of the survey.