STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966272	R **03/08/2019**
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) Revisit Survey was conducted on March 08, 2019. Sunshine Home ALF, Inc. had no deficiencies identified at the time of survey.