STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967423	R **04/26/2019**
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

A third revisit to the Relicensure survey was conducted by desk review on 04/26/2019 for Sunshine Senior Care Services, License #11457. The previously cited deficiency was found corrected at the time of the survey.