STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966272	**05/09/2018**
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 Standard Biennial Survey was conducted on , , 2018. Sunshine Home ALF, Inc. (License #10522) had a deficiency identified at time of the survey:

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview the facility failed to have an approved emergency management plan on an annual basis.

Findings included:

Review of the emergency management plan revealed it was last approved on .

On at 9:20 AM the Owner stated, "We sent it for review but do not have the approval yet."

Record review revealed the plan was submitted on and it was re-submitted and paid on .

Class III