



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

December 3, 2015

Administrator
Sunflower Springs LLC
8733 West Yulee Drive
Homosassa, FL 34448

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on November 24, 2015 by a representative of this office. Enclosed is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Menkella
Field Office Manager

KJM/amw
Enclosure

1GGN



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/03/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967546	(X3) DATE SURVEY COMPLETED 11/24/2015
NAME OF PROVIDER OR SUPPLIER SUNFLOWER SPRINGS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8733 WEST YULEE DRIVE HOMOSASSA, FL 34448	

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

0000 Initial Comments

On November 24, 2015 an Extended Congregate Care Monitoring Survey was conducted at Sunflower Springs Assisted Living Facility. Sunflower Springs Assisted Living Facility had no deficiencies at the time of the survey.