AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967546	**10/25/2016**
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 10/25/2016, an unannounced complaint survey (CCR#2016008861) was conducted at Sunflower Springs an Assisted Living Facility in Homosassa, Fl. Deficiencies were not identified as a result of this survey. The facility is in compliance at this time. License #11566

Agency for Health Care Administration
State Facilities Only Tracking Sheet

Information in the attached documents may be confidential and subject to HIPPA regulations

Facility Name and Address:
Sunflower Springs, Llc
8733 West Yulee Drive
Homosassa, Fl 34448

ASPEN Event ID:
QPRO11

Field Office:
Alachua Area 3

Survey Date(s):
10/25/2016

Surveyor:
Allen-Beasley

Kit Submitted By:
Cb

CCR:
2016008861

Facility Type:

- ☐Abortion Clinic
- ☐Adult Day Care Centers (ADCC)
- ☐Adult Family Care Home (AFCH)
- ☒Assisted Living Facility (ALF)
- ☐Birth Center (BC)
- ☐Crisis Stabilization Unit (CSU)
- ☐Health Care Clinic (HCC)
- ☐Organ and Tissue Procurement (O&T)
- ☐Residential Treatment Center (RTC)
- ☐Residential Treatment Facility (RTF)
- ☐Short Term Residential Treatment Facility (SRT)
- ☐Other:

Survey Type:

- ☐Initial Licensure
- ☐Relicensure
- ☐Abbreviated
- ☐Standard
- ☐Life Safety
- ☐LNS Monitoring
- ☐ECC Monitoring
- ☐Monitoring Visit
- ☐Discharge
- ☒Complaint
- ☐Revisit
- ☐Other:

Initial, Renewals, Life Safety LNS/ECC Monitoring, and Discharge:

- ☐Field Office Letter to Facility
- ☐3020 or 5000 Statement of Deficiencies

Complaint:

- ☒Field Office Letter to Facility
- ☒Letter to Complainant (If Applicable)
- ☒3020 or 5000 Statement of Deficiencies
- ☒Complaint Summary
- ☒Complaint Investigation Form (CIF)

Revisit:

- ☐Field Office Letter to Facility
- ☐3020 or 5000 Statement of Deficiencies
- ☐State Form: Revisit Report

Optional Information

1) **Administrator:** _____
2) **Phone Number:** _____
3) **Fax Number:** 352-621-8018
4) **Current Census:** _____
5) **ECC Census:** _____
6) **LNS Census:** _____
7) **Number of Deficiencies:** 0

Charles Boyd
Reviewers Signature

11/10/2016
Approval Date