STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964518	**02/09/2017**
NAME OF PROVIDER OR SUPPLIER **SUNSHINE MEADOWS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1809 18TH STREET** **SARASOTA, FL 34234**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR #2016014315, CCR #2017001426, and CCR #2017000392 was completed on 2/9/17 at Sunshine Meadows Assisted Living Facility, an assisted living facility, (license #9060) in Sarasota, Florida.

CCR #2016014315 contained 1 allegation, which was unsubstantiated.
CCR #2017000392 contained 1 allegation, which was substantiated without deficiency.
CCR #2017001426 contained 1 allegation, which was substantiated without deficiency.

No deficiencies were cited as a result of this survey.