

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967546	(X3) DATE SURVEY COMPLETED R 04/05/2017
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

A desk review was conducted on 4/5/2017 as follow-up to Biennial Survey with Extended Congregate Care (ECC) for Sunflower Springs LLC (facility license number 11566). The previously cited deficiency was cleared as a result of the desk review.