

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911196	(X3) DATE SURVEY COMPLETED R 07/06/2017
NAME OF PROVIDER OR SUPPLIER SUGARMILL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 8985 S. SUNCOAST BLVD. HOMOSASSA, FL 34446	

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

0000 - Initial Comments

On 07/06/2017 a desk review was conducted on the follow-up at Sugarmill Manor Assisted Living Facility (lic. 5561). During the review no deficient practice was identified.