STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910802	**06/30/2017**
NAME OF PROVIDER OR SUPPLIER **SUNSET VILLA RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **2308 AMERICUS DR.** **CLEARWATER, FL 33763**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey was conducted on 6/30/17.

The Sunset Villa Retirement Home, Assisted Living Facility (License #6134), had no deficiencies at the time of this visit.