STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969217	**07/10/2017**
NAME OF PROVIDER OR SUPPLIER **C & Z SUNSHINE HEALTHCARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8233 DRY CREEK DR** **TAMPA, FL 33615**	

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

0000 - Initial Comments

Assisted Living Facility

An initial state licensure survey was conducted at C & Z Sunshine Healthcare Assisted Living Facility on 07/10/2017. C & Z Sunshine Healthcare Assisted Living Facility had no deficient practice identified at the time of the visit. A recommendation for a Standard license is being made at this time.