STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968316	**12/18/2017**
NAME OF PROVIDER OR SUPPLIER **SUNSHINE GARDENS CRYSTAL RIVER LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **311 4TH AVE NE** **CITRUS SPRINGS, FL 34434**	

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

0000 - Initial Comments

On December 18, 2017, an unannounced biennial re-licensure survey was conducted at Sunshine Gardens Crystal River LLC Assisted Living Facility (license # 12230). No Deficient practice was identified at the time of survey.