STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967546	**01/18/2018**
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

On 1/22/2018, an Extended Congregate Services survey was conducted as Sunflower Springs Assisted Living Facility. No deficient practice was identified during survey.