

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964518	(X3) DATE SURVEY COMPLETED R 02/22/2018
NAME OF PROVIDER OR SUPPLIER SUNSHINE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1809 18TH STREET SARASOTA, FL 34234	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 2/22/18 at Sunshine Meadows, an assisted living facility (license #9060) in Sarasota, Florida.

This was a follow-up to complaint survey completed on 11/29/17.

The previous deficiencies were found corrected and no new deficiencies were identified.