STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965045	**03/04/2018**
NAME OF PROVIDER OR SUPPLIER **SUNFLOWER'S VILLAGE ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8035 SW 13 STREET** **MIAMI, FL 33144**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on 03/02/2018 and concluded on 03/04/2018. Sunflower's Village ALF, Inc with Limited Mental Health (LMH) component, license #9575 did not have deficiencies found at the time of the survey.