STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969378	**04/26/2018**
NAME OF PROVIDER OR SUPPLIER **DAYI'S SUNFLOWERS ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5739 RIDGESTONE DR** **TAMPA, FL 33625**	

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

0000 - Initial Comments

Assisted Living Facility

On April 26, 2018, an initial state licensure survey was conducted at Dayi's Sunflowers Assisted Living Facility, LLC. There was no deficient practice identified during the survey.