

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932650	(X3) DATE SURVEY COMPLETED R 04/26/2018
NAME OF PROVIDER OR SUPPLIER SUNNILAND ASSISTED LIVING FACILITY, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 4234 SUNNILAND STREET SARASOTA, FL 34233	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit survey was conducted on 4/26/18 at Sunniland Assisted Living Facility, an assisted living facility (license #8267) in Sarasota, Florida. This was a follow-up to the relicensure survey completed on 1/8/18. The previous deficiency was found corrected and no new deficiencies were identified.		