

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/08/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964518	(X3) DATE SURVEY COMPLETED 05/29/2018
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 complaint survey for CCR #2018003321 was conducted on 5/29/18 at Sunshine Meadows, an assisted living facility (license #9060) in Sarasota, Florida. No deficiencies were found at the time of the visit.		