STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967546	**10/12/2018**
NAME OF PROVIDER OR SUPPLIER **SUNFLOWER SPRINGS LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8733 WEST YULEE DRIVE** **HOMOSASSA, FL 34448**	

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

0000 - Initial Comments

On October 12, 2018, an unannounced follow-up to complaint investigation (CCR #2018006783 and CCR #2018007183) survey was conducted by desk review for Sunflower Springs Assisted Living Facility (License #11566), Homosassa, FL. Deficient practice was cleared at the time of the survey.