

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/26/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965707	(X3) DATE SURVEY COMPLETED R 12/06/2018
NAME OF PROVIDER OR SUPPLIER SUNFLOWERS VILLAGE II	STREET ADDRESS, CITY, STATE, ZIP CODE 13295 SW 99 TERRACE MIAMI, FL 33186	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Standard Biennial Survey Revisit was conducted on December 06, 2018. Sunflowers Village II (License # 10066) had no deficiencies identified at the time of the survey.		