STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932650	R **11/30/2018**
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

A follow-up by desk review was conducted on 11/30/18 for Sunniland Assisted Living Facility, an assisted living facility (License #8267) in Sarasota, Florida.

The follow-up was in response to the complaint survey for CCR #2018008323 and CCR #2018009434 and an emergency power plan monitoring visit which were conducted on 9/4/18.

Based on the facility's supporting documentation, the deficiency was corrected as of 11/30/18.