

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/04/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964518	(X3) DATE SURVEY COMPLETED 11/08/2018
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# 2018012470 was conducted 11/8/18 at Sunshine Meadows, an assisted living facility (license # 9060) in Sarasota, Florida. The complaint contained 1 allegation, which was unsubstantiated No deficiencies were found at the time of the visit.		