STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966811	R **01/25/2019**
NAME OF PROVIDER OR SUPPLIER **SUNFLOWER SENIOR LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **6931 NW 81ST COURT** **TAMARAC, FL 33321**	

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

0000 - Initial Comments

An unannounced Relicensure revisit survey was conducted as a desk review on 01/25/2019 for Sunflower Senior Living, Inc. (License #10930). The facility corrected the previously cited deficiencies at the time of the survey.