STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969485	**02/08/2019**
NAME OF PROVIDER OR SUPPLIER **SUNSHINE HARBOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **370 BLARNEY ST** **PORT CHARLOTTE, FL 33954**	

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

0000 - Initial Comments

An initial licensure and emergency power plan survey was completed on 2/5/19 through 2/8/19 at Sunshine Harbor, an assisted living facility (licensure number pending), in Port Charlotte, Florida.

Sunshine Harbor is recommended for a Standard licence with a capacity of 6, effective 2/8/19.