STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967546	C **03/05/2019**
NAME OF PROVIDER OR SUPPLIER **SUNFLOWER SPRINGS LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8733 WEST YULEE DRIVE** **HOMOSASSA, FL 34448**	

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

0000 - Initial Comments

On March 4, 2019 through March 5, 2019, an unannounced abbreviated biennial re-licensure survey in conjunction with Emergency Power Plan monitoring survey was conducted at Sunflower Springs LLC Assisted Living Facility, Homosassa, FL. No deficient practice was identified at the time of the survey.