STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932650	**01/08/2018**
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

An unannounced biennial survey was conducted on at Sunniland Assisted Living Facility, an assisted living facility (license #8267) in Sarasota, FL.

The facility received a citation as a result of this survey.

The following is description of the deficiency.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observations and staff interview, the facility failed to ensure resident floors, , and cabinets were in good condition.

The findings included:

On at 10:30 a.m., observations showed the following:
- The carpet in the resident dining dirty and frayed.
- The resident two sinks shows one of the sinks has rust and a green discharge running into the sink.
- The carpet in the resident's to the laundry dirty and frayed.
- The cabinets in the living the peeling off of them.

Another tour was conducted with the Administrator on at 1:30 p.m. She confirmed all of these observations.

Class III