STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968077	**07/24/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunny Days Adult Care Inc	**1767 Orchid Ct Nw Palm Bay, FL 32907**	

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

Revisit Corrected Tags:
0008-Admissions - Health Assessment-07/24/2013
0030-Resident Care - Rights & Facility Procedures-07/24/2013
0052-Medication - Assistance With Self-Admin-07/24/2013
0055-Medication - Storage And Disposal-07/24/2013
0056-Medication - Labeling And Orders-07/24/2013
0078-Staffing Standards - Staff-07/24/2013
0080-Training - Core & Competency Test-07/24/2013
0084-Training - Assis Self-Admin Meds & Med Mgmt-07/24/2013
0090-Training - Do Not Resuscitate Orders-07/24/2013
0093-Food Service - Dietary Standards-07/24/2013
0161-Records - Staff-07/24/2013
0167-Resident Contracts-07/24/2013
L243-Lmh - Training-07/24/2013

Specific Tag Findings:

0000-Initial Comments

7/24/13 conducted Assisted Living Facility follow up. Sunny Days Adult Care, Inc. had no deficiencies found at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 31, 2013

Administrator
Sunny Days Adult Care Inc
1767 Orchid Ct Nw
Palm Bay, FL 32907

RE: Revisit to Biennial w/LMH

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 24, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Lauraine Henry

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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