

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 02/06/2014  
FORM APPROVED

|                                                                                                        |                                                                                                   |                                                     |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11965897</b>                         | (X3) DATE SURVEY COMPLETED<br><br><b>01/07/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Sunny Hills Of Homestead</b>                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>25268 Sw 134th Avenue<br/>Princeton, FL 33032</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                   |                                                     |

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced complaint inspection (CCR#2013011226) was conducted on 1/7/2014. Sunny Hills of Homestead had no deficiencies found at time of survey.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

February 17, 2014

Administrator  
Sunny Hills Of Homestead  
25268 Sw 134th Avenue  
Princeton, FL 33032

Re: CCR #2013011226

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 7, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey.

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 contact Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis  
Field Office Manager

AMD:sy  
Enclosure

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