

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/29/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910415	(X3) DATE SURVEY COMPLETED 04/09/2014
NAME OF PROVIDER OR SUPPLIER Sun Village	STREET ADDRESS, CITY, STATE, ZIP CODE 1350/1360 West 31 Street Hialeah, FL 33012	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced complaint inspection (CCR#2014002420) was conducted at Sun Village on 4/9/14. There were no deficiencies at the time.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 30, 2014

Administrator
Sun Village
1350/1360 West 31st Street
Hialeah, FL 33012

Re: CCR #2014002420

Dear Administrator:

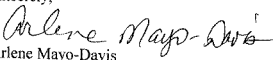
This letter reports the findings of a complaint survey completed on April 9, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 at (305) 593-3100.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

and
Enclosure

8JK1

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