STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964377	**07/01/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunny Hills Of Sebring	**3600 Commerce Center Dr Sebring, FL 33870**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An announced capacity increase survey was conducted in conjunction with a change of ownership (CHOW) state licensure survey with limited nursing services (LNS) on 07/01/14.

The Sunny Hills of Sebring, assisted living facility, had no deficiencies relative to the capacity increase. Deficiencies were cited relative to the CHOW with LNS survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 11, 2014

Administrator
Sunny Hills of Sebring
3600 Commerce Center Dr
Sebring, FL 33870

Dear Administrator:

This letter reports the findings of a capacity incrase survey and a change of ownership (CHOW) state licensure survey with limited nursing services (LNS) that were conducted on July 1, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the capacity increase and the deficiencies that were identified relative to the CHOW with LNS. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your 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 call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOV Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Forms

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