

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964851	(X3) DATE SURVEY COMPLETED 07/17/2014
NAME OF PROVIDER OR SUPPLIER Sunshine Assisted Living, Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 6513 NW 55th Street Coral Springs, FL 33067	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-07/24/2014
 0052-Medication - Assistance With Self-Admin-07/24/2014
 0054-Medication - Records-07/24/2014
 0078-Staffing Standards - Staff-07/24/2014
 0081-Training - Staff In-Service-07/24/2014
 0084-Training - Assis Self-Admin Meds & Med Mgmt-07/24/2014
 0090-Training - Do Not Resuscitate Orders-07/24/2014
 Z815-Background Screening; Prohibited Offenses-07/24/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to the licensure survey was conducted on 7/17/14. Sunshine Assisted Living facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 7, 2014

Administrator
Sunshine Assisted Living, Inc.
6513 NW 55th Street
Coral Springs, FL 33067

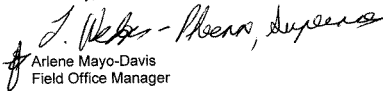
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 17, 2014 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

DT9D

