

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942845	(X3) DATE SURVEY COMPLETED 07/14/2014
NAME OF PROVIDER OR SUPPLIER Sunrise Adult Care	STREET ADDRESS, CITY, STATE, ZIP CODE 4102 Cooley Court Lake Worth, FL 33461	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-07/15/2014

0093-Food Service - Dietary Standards-07/15/2014

0152-Physical Plant - Safe Living Environ/other-07/15/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to the licensure survey was conducted on 7/15/14 at Sunrise Adult Care, The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 26, 2014

Administrator
Sunrise Adult Care
4102 Cooley Court
Lake Worth, FL 33461

Dear Administrator:

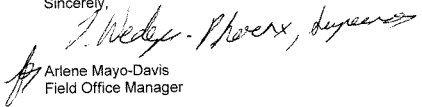
This letter reports the findings of a state licensure survey revisit conducted on July 14, 2014 by a representative of this office.

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

