

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11922273	(X3) DATE SURVEY COMPLETED 08/27/2014
NAME OF PROVIDER OR SUPPLIER Sunnyside Manor	STREET ADDRESS, CITY, STATE, ZIP CODE 5201 Bahia Vista Street Sarasota, FL 34232	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An unannounced Relicensure survey was conducted 8/26/14 through 8/27/14 at Sunnyside Manor, an Assisted Living Facility (ALF) in Sarasota, Florida.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 2, 2014

Administrator
Sunnyside Manor
5201 Bahia Vista Street
Sarasota, FL 34232

Dear Administrator:

This letter reports findings of a state licensure survey that was completed on August 27, 2014 by representatives of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

A handwritten signature in black ink, appearing to read "Harold D. Williams".

Harold D. Williams
Field Office Manager

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Enclosure: State Form

