

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964518	(X3) DATE SURVEY COMPLETED 10/28/2014
NAME OF PROVIDER OR SUPPLIER Sunshine Meadows	STREET ADDRESS, CITY, STATE, ZIP CODE 1809 18th Street Sarasota, FL 34234	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0055-Medication - Storage And Disposal-10/28/2014

An unannounced follow-up survey was conducted on 10/28/14 at Sunshine Meadows, an Assisted Living Facility (ALF) in Sarasota, Florida.

The facility was cleared of the previous deficiencies.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 4, 2014

Administrator
Sunshine Meadows
1809 18th Street
Sarasota, FL 34234

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 28, 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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

