STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964377	09/23/2014
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

Two unannounced complaint surveys, CCR# 2014006515 & CCR# 2014007493, were conducted on 9/23/14, in conjunction with an unannounced revisit to the change of ownership (CHOW) survey with limited nursing services (LNS).

The Sunny Hills of Sebring, assisted living facility, had no deficiencies at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 6, 2014

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

RE: Revisit & **CCR# 2014006515 & CCR# 2014007493**

Dear Administrator:

This letter reports the findings of a state revisit survey and two complaint surveys completed on September 23, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, indicating the deficiencies were corrected relative to the revisit and no deficiencies were identified during these complaint surveys.

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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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