

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964377	(X3) DATE SURVEY COMPLETED 09/23/2014
NAME OF PROVIDER OR SUPPLIER Sunny Hills Of Sebring	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 Commerce Center Dr Sebring, FL 33870	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0081-Training - Staff In-Service-09/23/2014
0082-Training - Hiv/aids-09/23/2014



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,

Paul Brown
fw Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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