

|                                                                                                        |                                                                                                 |                                                     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11942892</b>                       | (X3) DATE SURVEY COMPLETED<br><br><b>10/15/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Sunrise Senior Village Assisted<br/>Living</b>                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>11722 North 17th Street<br/>Tampa, FL 33612</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                 |                                                     |

**Specific Tag Findings:**

0000-Initial Comments

Assisted Living Facility

An unannounced change of ownership (CHOW) survey was conducted on 10/15/14.

The Sunrise Senior Village assisted living facility had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

October 23, 2014

Administrator  
Sunrise Senior Village Assisted Living  
11722 North 17th Street  
Tampa, FL 33612

Dear Administrator:

This letter reports findings of a change of ownership (CHOW) state licensure survey that was conducted on October 15, 2014 by representative(s) 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 surveyor(s). Should you have any questions please call Paul Brown, HFES, at (727) 552-2000.

Sincerely,  
*Paul Brown*  
For Patricia Reid Cauffman  
Field Office Manager

PRC/clt  
Enclosure: State (5000-3547) Form

