

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966874	(X3) DATE SURVEY COMPLETED 01/20/2015
NAME OF PROVIDER OR SUPPLIER Sunny Days Alf, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 4645 SW Vahalla St Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced abbreviated Relicensure survey with Limited Nursing Services and Limited Mental Health was conducted on 1/20/15 at Sunny Days ALF, Inc. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 28, 2015

Administrator
Sunny Days Alf, Inc
4645 SW Vahalla St
Port Saint Lucie, FL 34953

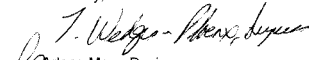
Dear Administrator:

This letter reports findings of a state Relicensure survey that was conducted on January 20, 2015 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/sf
Enclosure

1GGN

