STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964518	**01/28/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunshine Meadows	**1809 18th Street Sarasota, FL 34234**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments

Specific Tag Findings:

On 01/28/15 Complaint Survey CCR#2014010920 was completed at Sunshine Meadows, an Assisted Living Facility located in Sarasota, Florida.

The allegation was not substantiated. At the time of the survey no deficiencies were identified.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 3, 2015

Administrator
Sunshine Meadows
1809 18th Street
Sarasota, FL 34234

RE: CCR #2014010902

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 28, 2015 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (239) 335-1315.

Sincerely,

Jon Seehawer, RN
Acting Field Office Manager

JS:ec
Enclosure: State Form

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