

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968789	(X3) DATE SURVEY COMPLETED 03/10/2015
NAME OF PROVIDER OR SUPPLIER Sunshine Care Assisted Living, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 9003 West Cluster Avenue Tampa, FL 33615	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An initial state licensure survey was conducted on 3/10/15.

Sunshine Care Assisted Living Facility, Inc had no deficiencies at the time of the visit.

A recommendation for a Standard license is being made at this time.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

March 16, 2015

Administrator
Sunshine Care Assisted Living, Inc.
9003 West Cluster Avenue
Tampa, FL 33615

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on March 10, 2015, 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,

Patricia Reid Cauffman
Field Office Manager

for

PRC/kpr

Enclosure: State (5000-3547) Form

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