

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/13/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942892	(X3) DATE SURVEY COMPLETED 03/31/2015
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NAME OF PROVIDER OR SUPPLIER SUNRISE SENIOR VILLAGE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11722 NORTH 17TH STREET TAMPA, FL 33612
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

ASSISTED LIVING FACILITY

A complaint visit was conducted on 3/31/15.

CCR#2015002629

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2015

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

RE: CCR #2015002629

Dear Administrator:

This letter reports the findings of a complaint survey completed on March 31, 2015 by representative(s) 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.

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,

Patricia Reid Cauffman
Field Office Manager

for

PRC/clt

Enclosure: State (5000-3547) Form

