

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/14/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910857	(X3) DATE SURVEY COMPLETED 04/02/2015
NAME OF PROVIDER OR SUPPLIER SUNSET LOVING CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9740 SW 77 TERRACE MIAMI, FL 33173	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Limited Nursing Services (LANS) Monitoring survey was scheduled on April 2nd, 2015. Sunset Loving Care Inc. did not have the LANS component on their license.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 14, 2015

Administrator
Sunset Loving Care Inc
9740 Sw 77 Terrace
Miami, FL 33173

Dear Administrator:

This letter reports findings of a Limited Nursing Services Monitoring survey that was scheduled on April 2, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form.

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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