

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 04/28/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964377	(X3) DATE SURVEY COMPLETED 04/22/2015
NAME OF PROVIDER OR SUPPLIER SUNNY HILLS OF SEBRING	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 COMMERCE CENTER DR SEBRING, FL 33870	

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

0000 - Initial Comments

Assisted Living Facility

LIMITED NURSING SERVICES (LNS) MONITORING VISIT, 04/22/15.

Sunny Hills of Sebring, an Assisted Living Facility, had no deficiencies during the Limited Nursing Services Monitoring Visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 28, 2015

Administrator
Sunny Hills Of Sebring
3600 Commerce Center Drive
Sebring, FL 33870

Dear Administrator:

This letter reports findings of a Limited Nursing Services (LNS) monitoring visit that was conducted on April 22, 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,

for
Patricia Reid Cauffman
Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

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