

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/02/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964404	(X3) DATE SURVEY COMPLETED 06/25/2015
NAME OF PROVIDER OR SUPPLIER SUNNYDAYS ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 169 N.E. PRIMA VISTA BLVD. PORT SAINT LUCIE, FL 34983	

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

0000 - Initial Comments

An unannounced Limited Nursing Services Monitoring Visit was conducted at the Sunny Days ALF on 6/25/15. The facility had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 02, 2015

Administrator
Sunnydays Alf, Inc
169 N.E. Prima Vista Blvd.
Port Saint Lucie, FL 34983

Dear Administrator:

This letter reports findings of a Limited Nursing Services (LNS) survey that was conducted on June 25, 2015 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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