STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964518	R **07/15/2015**
NAME OF PROVIDER OR SUPPLIER **SUNSHINE MEADOWS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1809 18TH STREET** **SARASOTA, FL 34234**	

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

0000 Initial Comments

The follow up to Complaint Survey, CCR #2015003891 was completed at Sunshine Meadow an Assisted Living Facility (ALF) in Sarasota, Florida on 7/14 through 7/15/15.

All deficiencies were cleared during this visit.

State Form: Revisit Report

(Y1) **Provider / Supplier / CLIA / Identification Number**
AL11964518

(Y2) **Multiple Construction**
A. Building
B. Wing

(Y3) **Date of Revisit**
7/15/2015

Name of Facility
SUNSHINE MEADOWS

Street Address, City, State, Zip Code
1809 18TH STREET
SARASOTA, FL 34234

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0030** Reg. # **58A-5.0182(6) FAC: 429.28** LSC	**07/15/2015**	ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By** [signature], HFES	**Date:** 7-24-15	**Signature of Surveyor:** [signature] Lucia Moley, RN	**Date:** 7-24-15
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:
4/21/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 24, 2015

Administrator
Sunshine Meadows
1809 18th Street
Sarasota, FL 34234

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on July 15, 2015 by representatives of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form and Revisit Report

DT9D

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