

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/22/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910804	(X3) DATE SURVEY COMPLETED 10/13/2015
NAME OF PROVIDER OR SUPPLIER SUNSHINE CHRISTIAN HOMES, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 5250 WHIPPOORWILL DRIVE HOLIDAY, FL 34690	

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

0000 Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2015008269, was conducted on 10/13/15.

The Sunshine Christian Homes, Inc., assisted living facility, had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 21, 2015

Administrator
Sunshine Christian Homes, Inc.
5250 Whipoorwill Drive
Holiday, FL 34690

RE: CCR# 2015008269

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 13, 2015, by representative(s) of this office.

Attached is the provider's copy of the 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,

FW

Patricia Reid Kaufman
Field Office Manager

PRC/kpr
Enclosure

