

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/01/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968170	(X3) DATE SURVEY COMPLETED 11/19/2015
NAME OF PROVIDER OR SUPPLIER SUNSET HARBOR ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 522 DORIC CT TARPON SPRINGS, FL 34689	

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

0000 Initial Comments

Assisted Living Facility Licensure

An abbreviated relicensure survey was conducted at Sunset Harbor Assisted Living on 11/19/15. Sunset Harbor Assisted Living had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 25, 2015

Administrator
Sunset Harbor Assisted Living
522 Doric Ct
Tarpon Springs, FL 34689

Dear Administrator:

This letter reports findings of a biennial state licensure survey that was conducted on November 19, 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/kpr

Enclosure: State (5000-3547) Form

