

12/28/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number

AL11910412

(Y2) Multiple Construction

A. Building

B. Wing

(Y3) Date of Revisit

12/10/2015

Name of Facility

SUN BAY MANOR

Street Address, City, State, Zip Code

8440 SW 155 TERRACE

MIAMI, FL 33157

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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed 12/10/2015		Correction Completed 12/10/2015		Correction Completed 12/10/2015
ID Prefix A0010		ID Prefix A0030		ID Prefix A0052	
Reg. # 429.26(1&9) FS: 58A-5.018		Reg. # 58A-5.0182(6) FAC: 429.28		Reg. # 58A-5.0185 (3)	
LSC		LSC		LSC	
	Correction Completed 12/10/2015		Correction Completed 12/10/2015		Correction Completed 12/10/2015
ID Prefix A0053		ID Prefix A0054		ID Prefix A0055	
Reg. # 58A-5.0185(4) FAC		Reg. # 58A-5.0185(5) FAC		Reg. # 58A-5.0185(6) FAC	
LSC		LSC		LSC	
	Correction Completed 12/10/2015		Correction Completed 12/10/2015		Correction Completed 12/10/2015
ID Prefix A0057		ID Prefix A0077		ID Prefix A0079	
Reg. # 58A-5.0185(8) FAC		Reg. # 429.176 FS: 58A-5.019(1) F		Reg. # 58A-5.019(3) FAC	
LSC		LSC		LSC	
	Correction Completed 12/10/2015		Correction Completed 12/10/2015		Correction Completed
ID Prefix A0161		ID Prefix A0162		ID Prefix	
Reg. # 429.275(2) FS: 58A-5.024(2)		Reg. # 58A-5.024(3) FAC		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By

Reviewed By

Date: 12/28/15
Date:

Signature of Surveyor:
Signature of Surveyor:

Date:
Date:

Followup to Survey Completed on:

10/19/2015

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

December 28, 2015

Administrator
Sun Bay Manor
8440 Sw 155 Terrace
Miami, FL 33157

Dear Administrator:

This letter reports the findings of a complaining licensure survey revisit conducted on December 10, 2015 by representative(s) 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.

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

DT9D

