



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 4, 2016

Administrator
Sunshine Gardens Crystal River LLC
311 4th Ave NE
Citrus Springs, FL 34434

RE: CCR #2015011826

Dear Administrator:

This letter reports the findings of a complaint survey completed on December 29, 2015 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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. Should you have any questions, please contact this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/bh
Enclosure

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/04/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968316	(X3) DATE SURVEY COMPLETED 12/29/2015
NAME OF PROVIDER OR SUPPLIER SUNSHINE GARDENS CRYSTAL RIVER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 311 4TH AVE NE CITRUS SPRINGS, FL 34434	

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

0000 Initial Comments

An unannounced Complaint Survey visit for CCR#2015011826 was conducted on December 29, 2015 at Sunshine Gardens Crystal River, LLC, 311 4th Avenue N.E., Crystal River, FL. The facility was in compliance at the time of the visit.