STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964377	01/14/2016
NAME OF PROVIDER OR SUPPLIER **SUNNY HILLS OF SEBRING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3600 COMMERCE CENTER DR** **SEBRING, FL 33870**	

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

0000 Initial Comments

Assisted Living Faci;ity

A complaint investigation (CCR205011190) was conducted at Sunny Hills of Sebring on I/ . Sunny Hills of Sebring had deficiencies at the time of the investigation.

0167 Resident Contracts

Based on record review and interview the facility failed to ensure their contract contained all the required components pertaining to the facility refund policy to meet requirements for 3 (#1, #2 #3) of 3 residents whose contracts were reviewed.
The facility failed to provide a prorated refund for resident #1.

Findings include:

During a review of resident #1 contract on I/ it was revealed the facility has a document that states refund policy to be that no refund no refund will be issued for residents that pay less than published rate through medicaid or private pay.
Resident #1 was admitted to the facility on I/ . The facility discharged the resident on . The facility refused to allow the resident to return after he was I on I/ / due to repeated behavior that was a threat to other residents and staff.
On I/ during review of resident #1 record it was discovered the facility had not sent a prorated refund.
During interview with the administrator on I/ at 1:50pm it was stated if a resident receives financial assistance to supplement the monthly board, when they move out of the facility medicare receives a prorated refund for the days that they paid that the resident is no longer living at the facility. The facility considers the money received from the residents social security non refundable. The facility does not provide a prorated refund of the resident's social security.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sunny Hills Of Sebring
3600 Commerce Center Dr
Sebring, FL 33870

RE: CCR #2015011190

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite 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 co**nsumer 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 Caufman
Field Office Manager

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
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PRC/clt
Enclosure: State (5000-3547) Form
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