

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/02/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942703	(X3) DATE SURVEY COMPLETED 01/20/2016
NAME OF PROVIDER OR SUPPLIER SUNNY BOWER	STREET ADDRESS, CITY, STATE, ZIP CODE 1604 71ST STREET NW BRADENTON, FL 34209	

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

0000 Initial Comments

Assisted Living Facility Complaint

On 1/20/16, a complaint investigation (CCR# 2015012865) was conducted in conjunction with a biennial relicensure survey. No deficiencies were identified relative to the complaint survey. Deficiencies were identified during the biennial survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 2, 2016

Administrator
Sunny Bower
1604 71st Street Nw
Bradenton, FL 34209

RE: CCR #20150125865

Dear Administrator:

This letter reports the findings of a complaint survey completed on January 20, 2016 by representative(s) 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.

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,

for Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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