State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11942703	A. Building B. Wing	02/26/2016

Name of Facility	Street Address, City, State, Zip Code
SUNNY BOWER	1604 71ST STREET NW BRADENTON, FL 34209

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 ID Prefix A0010 Reg. # 429.26(1&9) FS; 58A-5.0181(LSC	02/26/2016	Correction Completed ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	02/26/2016	Correction Completed ID Prefix A0079 Reg. # 58A-5.019(3) FAC LSC	02/26/2016
Correction Completed ID Prefix A0082 Reg. # 58A-5.0191(3) FAC LSC	02/26/2016	Correction Completed ID Prefix A0085 Reg. # 58A-5.0191(6) FAC LSC	02/26/2016	Correction Completed ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	02/26/2016
Correction Completed ID Prefix Reg. # LSC		Correction Completed ID Prefix Reg. # LSC		Correction Completed ID Prefix Reg. # LSC	
Correction Completed ID Prefix Reg. # LSC		Correction Completed ID Prefix Reg. # LSC		Correction Completed ID Prefix Reg. # LSC	
Correction Completed ID Prefix Reg. # LSC		Correction Completed ID Prefix Reg. # LSC		Correction Completed ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:		Date:
✓	PBB	3/3/16			
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**		

Followup to Survey Completed on: 01/20/2016

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

March 3, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on February 26, 2016 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

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

DT9D

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