

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11942703	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 02/26/2016
Name of Facility SUNNY BOWER		Street Address, City, State, Zip Code 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
ID Prefix A0010 Reg. # 429.26(1&9) FS: 58A-5.0181(LSC	Correction Completed 02/26/2016	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed 02/26/2016	ID Prefix A0079 Reg. # 58A-5.019(3) FAC LSC	Correction Completed 02/26/2016
ID Prefix A0082 Reg. # 58A-5.0191(3) FAC LSC	Correction Completed 02/26/2016	ID Prefix A0085 Reg. # 58A-5.0191(6) FAC LSC	Correction Completed 02/26/2016	ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed 02/26/2016
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	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
Reviewed By State Agency	Reviewed By PBB	Date: 3/3/16	Signature of Surveyor:		Date:
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:

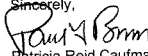
This letter reports the findings of a state licensure survey revisit conducted on February 26, 2016 by representative(s) of this office.

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone: (727) 552-2000; Fax: (727) 552-1162
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida