AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964377	**03/03/2016**
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

A Biennial Survey done in conjunction with Limited Nursing Services survey was conducted at Sunny Hills of Sebring Assisted Living Facility on 3/03/2016. Sunny Hills of Sebring Assisted Living Facility had no deficiencies at the time of visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 15, 2016

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

Dear Administrator:

This letter reports findings of a biennial state licensure survey with limited nursing services (LNS) that was conducted on March 3, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 call Paul Brown, HFES at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

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

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