

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/30/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964518	(X3) DATE SURVEY COMPLETED 03/23/2016
NAME OF PROVIDER OR SUPPLIER SUNSHINE MEADOWS	STREET ADDRESS, CITY, STATE, ZIP CODE 1809 18TH STREET SARASOTA, FL 34234	

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

0000 Initial Comments

An unannounced complaint survey for CCR #2015013336 was conducted 3/23/16 at Sunshine Meadows an Assisted Living Facility in Sarasota, Florida.

The complaint contained 3 allegations, of which none were substantiated.

No deficiencies were found at time of survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 30, 2016

Administrator
Sunshine Meadows
1809 18th Street
Sarasota, FL 34234

RE: CCR #2015013336

Dear Administrator:

This letter reports the findings of a complaint survey completed on March 23, 2016 by a representative 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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. Should you have any questions, please contact this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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