STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965897	**08/02/2016**
NAME OF PROVIDER OR SUPPLIER **SUNNY HILLS OF HOMESTEAD**	STREET ADDRESS, CITY, STATE, ZIP CODE **25268 SW 134th Avenue PRINCETON, FL 33032**	

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

0000 Initial Comments

A standard biennial survey was conducted on August 1 and 2, 2016. Sunny Hills of Homestead, Inc. with limited nursing services component and license number 10203 did not have deficiencies identified at the time of the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 16, 2016

Administrator
Sunny Hills Of Homestead
25268 Sw 134th Avenue
Princeton, FL 33032

Dear Administrator:

This letter reports findings of a Standard Biennial licensure survey that was conducted on August 2, 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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