STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964518	R 09/15/2016
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

A follow-up by desk review was conducted on 9/15/16 for Sunshine Meadows, an Assisted Living Facility, (license # 9060) in Sarasota, Florida. The follow-up was in response to the first follow-up conducted on 8/10/16 to complaint survey CCR #2016003017.

Based on the facility's supporting documentation, the deficiency was corrected as of 9/15/16.

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11964518 Y1	A. Building B. Wing Y2	9/15/2016 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE MEADOWS	1809 18TH STREET SARASOTA, FL 34234

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0123 Reg. # 429.27(3-4) FS; 58A-5.021(2) FAC LSC	Correction Completed 09/15/2016	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
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REVIEWED BY STATE AGENCY ☑	REVIEWED BY (INITIALS) Dw	DATE 9-16-16	SIGNATURE OF SURVEYOR [signature], HFES	DATE 9-16-16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	
7/5/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

EVENT ID: NE6M13

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 16, 2016

Administrator
Sunshine Meadows
1809 18th Street
Sarasota, FL 34234

RE: CCR# 2016003017

Dear Administrator:

This letter reports the findings of a state relicensure survey revisit conducted by desk review on September 15, 2016 by a representative of this office.

Attached are the provider's copies of the State (5000-3547) and Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit.
You will not receive a copy of this report in the mail; you will only receive this faxed report.

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 call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS/arb
Enclosures: State (5000-3547) and Revisit Report

J5XD

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com

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