

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/23/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966834	(X3) DATE SURVEY COMPLETED 01/18/2017
NAME OF PROVIDER OR SUPPLIER SUNNY DAYS RETIREMENT HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2402 GREENACRE RD APOPKA, FL 32703	

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

0000 - Initial Comments

The re-licensure survey Limited Nursing Services (LNS) was conducted on 1/8/17. Sunny Days Retirement Home Inc. license #10955 had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 24, 2017

Administrator
Sunny Days Retirement Home Inc
2402 Greenacre Road
Apopka, FL 32703

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on January 18, 2017 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 Lorraine Henry at (407) 420-2502.

Sincerely,

A handwritten signature in black ink, appearing to read "Theresa DeCanio", is written over a printed name and title.

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

1GGN

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com



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