RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 20, 2017

Administrator
Sunset Loving Care Inc
9740 Sw 77 Terrace
Miami, FL 33173

Dear Administrator:

This letter reports findings of a Limited Mental Health expansion licensure survey that was conducted on January 9, 2017 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form.

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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Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910857	**01/09/2017**
NAME OF PROVIDER OR SUPPLIER **SUNSET LOVING CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9740 SW 77 TERRACE** **MIAMI, FL 33173**	

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

0000 - Initial Comments

A Limited Mental health expansion survey was conducted on 01/09/2017. Sunset Loving Care (Assisted Living Facility, License #5235) had deficiencies at the time of the survey cited under Change of Ownership survey (Event Id XBUG11).