



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 2, 2017

Administrator
Sugarmill Manor
8985 S. Suncoast Blvd.
Homosassa, FL 34446

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 17, 2017 by representative(s) of this office.

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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/PCP
Enclosure

DT9D



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/02/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911196	(X3) DATE SURVEY COMPLETED R 01/17/2017
NAME OF PROVIDER OR SUPPLIER SUGARMILL MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 8985 S. SUNCOAST BLVD. HOMOSASSA, FL 34446	

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

0000 - Initial Comments

An unannounced follow up to a complaint survey (CCR#2016009263, CCR#2016011456) was conducted at Sugar Mill Manor (facility license number 5561) on 1/17/2017. Sugar Mill Manor had no deficiencies at the time of the visit.