STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932650	**01/08/2018**
NAME OF PROVIDER OR SUPPLIER **SUNNILAND ASSISTED LIVING FACILITY, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4234 SUNNILAND STREET** **SARASOTA, FL 34233**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR #20180000128 was conducted on at Sunniland Assisted Living Facility, an assisted living facility (license #8267) in Sarasota, FL.

The complaint had 1 allegation, of which 1 was substantiated.

The facility received a citation as a result of this survey. The following is description of the deficiency found at the time of the visit.

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and staff interview, the facility failed to following their contract by providing 3 (Residents #6, #7, and #8) of 3 residents reviewed their refunds within 45 days of their discharged dates.

The findings included:

A review of the facility admission/discharge log showed Resident #6 was discharged from the facility on , Resident #7 was discharged on , and Resident #8 was discharged on . A review of their contracts dated , , and respectively showed the facility will provide them a refund within 45 days from their discharged date.

A review of the billing records showed Resident #6 received his refund on (224 days after discharge), Resident #7 received her refund on (219 days after discharge) and there was no documentation showing Resident #8 received her refund.

During an interview on at 12:00 p.m., the Administrator said she has not given Resident #8 her refund as of yet. She also confirmed Resident #6 and #7 received their refunds past the required 45 days from their discharged dates. The facility failed to follow their contract by not providing Residents #6, #7 and #8 their refunds within 45 days of their discharge dates.

Class III