

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922273	(X3) DATE SURVEY COMPLETED R 06/21/2018
NAME OF PROVIDER OR SUPPLIER SUNNYSIDE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 5201 BAHIA VISTA STREET SARASOTA, FL 34232	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit survey was conducted on 6/21/18 at Sunnyside Manor, an assisted living facility (license number #7952), in Sarasota, Florida. This was a follow-up to the re-licensing and limited nursing services survey completed on 4/12/18. The previous deficiencies were found corrected and no new deficiencies were identified.		