STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932650	**05/13/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunniland Assisted Living Facility, Llc	**4234 Sunniland Street Sarasota, FL 34233**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures-05/13/2014
0053-Medication - Administration-05/13/2014
0078-Staffing Standards - Staff-05/13/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-05/13/2014
0090-Training - Do Not Resuscitate Orders-05/13/2014

These are the results of a follow up to a Biennial survey conducted on 5/13/14 at Sunniland Retirement Center an Assisted Living Facility (ALF), located in Sarasota, Florida. All previous cited deficiencies were noted to be cleared at the time of the this survey visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 21, 2014

Administrator
Sunniland Assisted Living Facility, LLC
4234 Sunniland Street
Sarasota, Florida 34233

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted on May 13, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates 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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:sh

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