STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965505	**10/15/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sun Coast Residential Care	**813 SW 9th Street Hallandale Beach, FL 33009**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0025-Resident Care - Supervision-10/15/2014
0054-Medication - Records-10/15/2014
0055-Medication - Storage And Disposal-10/15/2014
0056-Medication - Labeling And Orders-10/15/2014
0079-Staffing Standards - Levels-10/15/2014
0080-Training - Core & Competency Test-10/15/2014
0093-Food Service - Dietary Standards-10/15/2014
0152-Physical Plant - Safe Living Environ/other-10/15/2014

0000-Initial Comments
An unannounced follow-up to the licensure survey was conducted on 10/15/14. Sun Coast Residential Care had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 27, 2014

Administrator
Sun Coast Residential Care
813 SW 9th Street
Hallandale Beach, FL 33009

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 15, 2014 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547

DT9D

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