

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910802	(X3) DATE SURVEY COMPLETED 10/16/2014
NAME OF PROVIDER OR SUPPLIER Sunset Villa Retirement Home	STREET ADDRESS, CITY, STATE, ZIP CODE 2308 Americus Dr. Clearwater, FL 33763	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0078-Staffing Standards - Staff-10/16/2014
0079-Staffing Standards - Levels-10/16/2014
0161-Records - Staff-10/16/2014
Z815-Background Screening; Prohibited Offenses-10/16/2014



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

October 23, 2014

Administrator
Sunset Villa Retirement Home
2308 Americus Dr.
Clearwater, FL 33763

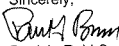
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 16, 2014 by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Cauffman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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