

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965554	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/08/2020
NAME OF PROVIDER OR SUPPLIER SANDHILL GARDENS RETIREMENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 24949 SANDHILL BLVD PUNTA GORDA, FL 33983		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
A 000	Initial Comments An unannounced relicensure, focused infection control, emergency power plan monitoring and complaint survey for complaint #2020014976 & #2020017696 was conducted 12/7/20 through 12/8/20 at Sandhill Gardens, an assisted living facility in Punta Gorda, Florida. Complaint #2020014976 & #2020017696 were unsubstantiated. No deficiencies were found at the time of the visit.	A 000			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE