

1/7/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965739	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/31/2012
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Name of Facility HERON CLUB AT PRESTANCIA (THE)	Street Address, City, State, Zip Code 3749 SARASOTA SQUARE BLVD. SARASOTA, FL 34238
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This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0003 Correction Completed 12/17/2012 Reg. # 58A-5.014 FAC LSC		ID Prefix A0030 Correction Completed 12/19/2012 Reg. # 58A-5.0182(6) FAC: 429.28 LSC		ID Prefix A0076 Correction Completed 12/21/2012 Reg. # 58A-5.0186 FAC LSC	
ID Prefix A0078 Correction Completed 12/31/2012 Reg. # 58A-5.019(2) FAC LSC		ID Prefix A0081 Correction Completed 12/19/2012 Reg. # 58A-5.0191(2) FAC LSC		ID Prefix A0083 Correction Completed 12/19/2012 Reg. # 58A-5.0191(4) FAC LSC	
ID Prefix A0085 Correction Completed 12/19/2012 Reg. # 58A-5.0191(9) FAC LSC		ID Prefix A0090 Correction Completed 12/19/2012 Reg. # 58A-5.0191(11) FAC LSC		ID Prefix Correction Completed Reg. # LSC	
ID Prefix Correction Completed Reg. # LSC		ID Prefix Correction Completed Reg. # LSC		ID Prefix Correction Completed Reg. # LSC	
ID Prefix Correction Completed Reg. # LSC		ID Prefix Correction Completed Reg. # LSC		ID Prefix Correction Completed Reg. # LSC	

Reviewed By State Agency Reviewed By CMS RO	Reviewed By H.F.E.S. Reviewed By	Date: 1-7-13 Date:	Signature of Surveyor: Kris Vanderford, RUS Signature of Surveyor:	Date: 1-7-13 Date:
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Followup to Survey Completed on:
11/8/2012

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965739	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 12/31/2012
NAME OF PROVIDER OR SUPPLIER HERON CLUB AT PRESTANCIA (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 3749 SARASOTA SQUARE BLVD. SARASOTA, FL 34238		
(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 This is the follow up, completed on 12/31/12, to a Change of Ownership (CHOW) survey which was conducted on 11/07/12 through 11/08/02, at Heron Club at Prestancia, an Assisted Living Facility. All previously cited deficiencies were noted to be cleared during this revisit.		{A 000}		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6899

83XD12

If continuation sheet 1 of 1

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

January 7, 2013

Administrator
Heron Club at Prestancia (The)
3749 Sarasota Square Blvd.
Sarasota, Florida 34238

Dear Administrator:

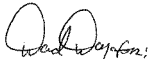
This letter reports the findings of a Change of Ownership survey revisit conducted on December 31, 2012 by representative(s) of this office.

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. **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:ss
Enclosures: State Form and Revisit Report

