

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 06/07/2013
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NAME OF PROVIDER OR SUPPLIER HERON CLUB AT PRESTANCIA (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 3749 SARASOTA SQUARE BLVD. SARASOTA, FL 34238
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(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
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{A 000} Initial Comments

{A 000}

This is the follow-up to the Complaint Survey, CCR# 2013002202 done in conjunction with and follow-up survey conducted 5/5/13 through 5/6/13 for Heron Club at Prestancia, an Assisted Living Facility (ALF) in Sarasota Florida. This follow-up was completed by desk review on 6/7/13. The citations were cleared by this desk review.

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6599

LFQP12

If continuation sheet 1 of 1

6/7/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number

AL11965739

(Y2) Multiple Construction

A. Building

B. Wing

(Y3) Date of Revisit

6/7/2013

Name of Facility

HERON CLUB AT PRESTANCIA (THE)

Street Address, City, State, Zip Code

3749 SARASOTA SQUARE BLVD.
SARASOTA, FL 34238

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	Correction Completed 05/09/2013	ID Prefix	Correction Completed 05/10/2013	ID Prefix	Correction Completed
Reg. # A0078		Reg. # AZ815		Reg. #	
58A-5.019(2) FAC		408.809, 435.02(2), 435.06		LSC	
LSC		LSC			
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By

State Agency

Reviewed By

CMS RO

Reviewed By

Reviewed By

Date:

6-7-13

Date:

Signature of Surveyor:

Signature of Surveyor:

Date:

6-7-13

Date:

Followup to Survey Completed on:

5/6/2013

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

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 7, 2013

Administrator
Heron Club At Prestancia (the)
3749 Sarasota Square Blvd.
Sarasota, FL 34238

CCR: 2013002202

Dear Administrator:

This letter reports the findings of a Complaint survey revisit conducted by desk review on June 7, 2013 by a representative 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 survey. Should you have any questions please call this office at (239) 335-1315.

Sincerely,


Harold D. Williams
Field Office Manager

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Enclosures: State Form and Revisit Report

