STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965554	**08/28/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sandhill Gardens Retirement Ce	**24949 Sandhill Blvd. Punta Gorda, FL 33983**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

This is the results of a Complaint survey, CCR# 2013006113, completed on 8/20/13 and 8/28/13 for Sandhill Gardens Retirement Center, an Assisted Living Facility, located in Punta Gorda, Florida.

The complaint contained one allegation which was not substantiated. There was no deficient practice identified at the time of the survey pursuant to the complaint issues.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 29, 2013

Administrator
Sandhill Gardens Retirement Center
24949 Sandhill Blvd.
Punta Gorda, Florida 33983

Re: CCR #2013006113

Dear Administrator:

This letter reports the findings of a complaint survey completed on August 28, 2013 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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. Should you have any questions, please contact this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosure: State Form

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