STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911606	**01/02/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Pines Of Sarasota	**1251 North Orange Avenue Sarasota, FL 34236**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
Z827-Unlicensed Activity-01/02/2014

This is the unannounced follow-up to the Biennial survey conducted on 10/09/13 through 10/10/13 at Pines of Sarasota an Assisted Living Facility (ALF). The follow-up survey was conducted on 1/2/14.

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

Z827-Unlicensed Activity 408.812, FS

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 8, 2014

Administrator
Pines Of Sarasota
1251 North Orange Avenue
Sarasota, FL 34236

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted on January 2, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

Headquarters
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Tallahassee, FL 32308
http://ahca.myflorida.com

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Fort Myers, FL 33901
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