

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/11/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953679	(X3) DATE SURVEY COMPLETED 03/04/2014
NAME OF PROVIDER OR SUPPLIER Savannah Grand Of Sarasota	STREET ADDRESS, CITY, STATE, ZIP CODE 7130 Beneva Road Sarasota, FL 34238	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An unannounced Biennial survey was conducted on 3/03/14 through 3/04/14 at Savannah Grand of Sarasota, an Assisted Living Facility (ALF).

There were no deficiencies cited.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 11, 2014

Administrator
Savannah Grand Of Sarasota
7130 Beneva Road
Sarasota, FL 34238

Dear Administrator:

This letter reports findings of a Biennial survey that was completed on March 4, 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 surveyors. 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

