STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965739	**06/24/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Heron Club At Prestancia (the)	**3749 Sarasota Square Blvd. Sarasota, FL 34238**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-06/24/2014
0011-Admissions - Discharge-06/24/2014
0025-Resident Care - Supervision-06/24/2014
0052-Medication - Assistance With Self-Admin-06/24/2014

These are the results of the follow-up to the Biennial survey conducted on 3/5/14 through 3/6/14 at The Heron Club at Prestancia, an Assisted Living Facility (ALF) in Sarasota, FL. This follow up was completed on 6/24/14.

All previous citations have been substantially improved or corrected.

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

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

0011-Admissions - Discharge 58A-5.0181(5) FAC

0025-Resident Care - Supervision 58A-5.0182(1) FAC

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 2, 2014

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

Dear Administrator:

This letter reports the findings of a Biennial survey revisit conducted on June 24, 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,

for:
Harold D. Williams
Field Office Manager

sh
Enclosure: State Form

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