

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

This is the survey report for Complaint Survey, CCR# 2014003171 conducted on 6/24/14 at Heron Club at Prestancia, an Assisted Living Facility (ALF).

There were two allegations in this complaint, one of which was substantiated. No deficiencies were cited as a part of this complaint.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 2, 2014

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

RE: CCR #2014003171

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 24, 2014 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 (407) 420-2502.

Sincerely,


Harold D. Williams
Field Office Manager

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Enclosure: State Form

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