STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968576	**07/17/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Inspired Living At Sarasota	**1900 Phillippi Shores Sarasota, FL 34231**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

These are the results of an unannounced Complaint Survey, CCR# 2014004110, conducted in conjunction with the Limited Nursing Services (LNS) survey on 7/17/14, at Inspired Living at Sarasota.

There were 2 allegations which were not substantiated. No deficiencies were cited during this visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 22, 2014

Administrator
Inspired Living At Sarasota
1900 Phillippi Shores
Sarasota, FL 34231

RE: CCR #2014004110

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 17, 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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
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SlideShare.net/AHCAFlorida