STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953545	**08/14/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sea View Inn At Forest Lakes	**3548 Sea View Street Sarasota, FL 34239**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

On 8/14/14 an onsite Monitoring visit was conducted at Sea View Inn at Forest Lakes, an Assisted Living Facility (ALF) in Sarasota, Florida.

The following are the results of the monitoring visit:

Four residents are currently residing at the facility, along with 2 staff members.
The facility was found to be clean and in general good repair
The residents voiced no concerns and appeared to be in good general health.
There were sufficient supplies and food observed.
Each resident had a supply of their medication available.

No deficiencies were cited during this visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 20, 2014

Administrator
Sea View Inn At Forest Lakes
3548 Sea View Street
Sarasota, FL 34239

Dear Administrator:

This letter reports findings of a Monitoring survey that was conducted on August 14, 2014 by a representative 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 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

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