STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953648	**09/08/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Waterside Retirement Estates	**4540 Bee Ridge Road Sarasota, FL 34233**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint survey for CCR# 2014006984 was conducted on 9/8/14 at Waterside Retirement Estates an Assisted Living Facility in Sarasota, Florida.

The complaint contained 2 allegations, of which none were substantiated.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 12, 2014

Administrator
Waterside Retirement Estates
4540 Bee Ridge Road
Sarasota, FL 34233

RE: CCR #2014006984

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 8, 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

HW: ar
Enclosure

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