

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964952	(X3) DATE SURVEY COMPLETED 09/11/2014
NAME OF PROVIDER OR SUPPLIER Arden Courts Manorcare Health	STREET ADDRESS, CITY, STATE, ZIP CODE 5509 Swift Road Sarasota, FL 34231	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An unannounced complaint survey CCR# 2014006296 was conducted 9/11/14 at Arden Courts, an Assisted Living Facility in Sarasota, Florida.

There were 2 allegations, one of which was substantiated without deficiency.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 19, 2014

Administrator
Arden Courts Manorcare Health
5509 Swift Road
Sarasota, FL 34231

RE: CCR #2014006296

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 11, 2014 by representative(s) 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(s). 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

