STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964934	**09/04/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cabot Reserve On The Green	**4450 8th Street Sarasota, FL 34232**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

These are the results of an unannounced Complaint Survey, CCR# 2014005653 which was completed on 9/4/14 at Cabot Reserve on the Green, an Assisted Living Facility (ALF), in Sarasota, Florida.

There were four allegations; three were not substantiated, one was substantiated without deficiency.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 3, 2014

Administrator
Cabot Reserve On The Green
4450 8th Street
Sarasota, FL 34232

RE: CCR #20140056453

Dear Administrator:

This letter reports the findings of a complaint survey completed on September 4, 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

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