STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964619	**10/21/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bay Village Of Sarasota, Inc.	**8400 Vamo Road Sarasota, FL 34231**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

On 10/21/14 a Complaint Survey, CCR# 2014009785 was completed at Bay Village of Sarasota an Assisted Living Facility (ALF) in Sarasota, Florida.

There was 1 allegation which was not substantiated. At the time of the survey no deficiencies were identified.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 27, 2014

Administrator
Bay Village Of Sarasota, Inc.
8400 Vamo Road
Sarasota, FL 34231

RE: CCR #2014009785

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on October 21, 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **11/27/2014** to verify that the necessary corrections are in place to correct the deficiencies identified on your 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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