

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965680	(X3) DATE SURVEY COMPLETED 01/12/2015
NAME OF PROVIDER OR SUPPLIER Aurora Manor, Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 2841 6th Street Sarasota, FL 34237	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

An unannounced biennial survey was conducted on 1/12/15 at Aurora Manor, an Assisted Living Facility in Sarasota, Florida.

There were no deficiencies cited during this survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 21, 2015

Administrator
Aurora Manor, Inc
2841 6th Street
Sarasota, FL 34237

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on January 12, 2015 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,

Jon Seehawer, RN
Acting Field Office Manager

JS:ec

Enclosure: State Form

