STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968576	**03/16/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Inspired Living At Sarasota	**1900 Phillippi Shores Sarasota, FL 34231**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
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Specific Tag Findings:
An unannounced Limited Nursing Service (LNS) survey was conducted on 3/16/15 at Inspired Living, an Assisted Living Facility located in Sarasota, Florida.

There were no deficiencies cited during this survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 27, 2015

Administrator
Inspired Living At Sarasota
1900 Phillippi Shores
Sarasota, FL 34231

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on March 16, 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
Field Office Manager

JS:ec
Enclosure: State Form

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