STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953648	R **04/13/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
WATERSIDE RETIREMENT ESTATES	**4540 BEE RIDGE ROAD SARASOTA, FL 34233**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

This is the follow-up to the Relicensure survey conducted at Waterside Retirement Estates, an Assisted Living Facility (also known as Brookdale Sarasota Central) in Sarasota, Florida.

This follow-up was completed on 4/13/15 by desk review of materials submitted to the Agency for Health Care Administration Fort Myers office.

All citations were cleared by this desk review.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2015

Administrator
Waterside Retirement Estates
4540 Bee Ridge Road
Sarasota, FL 34233

Dear Administrator:

This letter reports the findings of a state licensure survey revisit completed by desk review on April 13, 2015 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the desk review. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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, R.N.
Field Office Manager

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Enclosure: State Form

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