

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/06/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953545	(X3) DATE SURVEY COMPLETED R 06/30/2015
NAME OF PROVIDER OR SUPPLIER SEA VIEW INN AT FOREST LAKES	STREET ADDRESS, CITY, STATE, ZIP CODE 3548 SEA VIEW STREET SARASOTA, FL 34239	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

On 6/30/15 a follow-up survey was completed at Sea View Inn at Forest Lakes an Assisted Living Facility (ALF) in Sarasota, FL.

The identified deficiencies were corrected. At the time of the survey there were no deficiency identified at Sea View Inn ALF, Sarasota, FL.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11953545

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
6/30/2015

Name of Facility

SEA VIEW INN AT FOREST LAKES

Street Address, City, State, Zip Code

3548 SEA VIEW STREET
SARASOTA, FL 34239

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0008	06/30/2015	ID Prefix A0030	06/30/2015	ID Prefix A0052	06/30/2015
Reg. # 58A-5.0181(2) FAC LSC		Reg. # 58A-5.0182(6) FAC: 429.28 LSC		Reg. # 58A-5.0185(3) FAC LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0056	06/30/2015	ID Prefix A0077	06/30/2015	ID Prefix A0080	06/30/2015
Reg. # 58A-5.0185(7) FAC LSC		Reg. # 58A-5.019(1) FAC LSC		Reg. # 58A-5.0191(1) FAC LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0091	06/30/2015	ID Prefix A0093	06/30/2015	ID Prefix AZ815	06/30/2015
Reg. # 58A-5.0191(12) FAC LSC		Reg. # 58A-5.020(2) FAC LSC		Reg. # 408.809, 435.02(2), 435.06 LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
7-6-15
Reviewed By

Date:
7-6-15
Date:

Signature of Surveyor:
J. Alton, HPEI
Signature of Surveyor:

Date:
7-6-15
Date:

Followup to Survey Completed on:

10/16/2013

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 2, 2015

Administrator
Sea View Inn At Forest Lakes
3548 Sea View Street
Sarasota, FL 34239

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on June 30, 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 revisit. **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 and Revisit Report

DT9D

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