STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968576	R **09/01/2015**
NAME OF PROVIDER OR SUPPLIER **INSPIRED LIVING AT SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1900 PHILLIPPI SHORES** **SARASOTA, FL 34231**	

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

0000 Initial Comments

A follow-up by desk review was conducted on 9/1/15 for Inspired Living At Sarasota, an Assisted Living Facility located in Sarasota, Florida. The follow-up was in response to the Complaint Survey, CCR #2015003430, which was completed on 6/29/15.

Based on the facility's supporting documentation, the deficiencies were corrected as of 9/1/15.

State Form: Revisit Report

(Y1) **Provider / Supplier / CLIA / Identification Number**
AL11968576

(Y2) **Multiple Construction**
A. Building
B. Wing

(Y3) **Date of Revisit**
9/1/2015

Name of Facility
INSPIRED LIVING AT SARASOTA

Street Address, City, State, Zip Code
1900 PHILLIPPI SHORES
SARASOTA, FL 34231

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0086** Reg. # **58A-5.0191(9) FAC** LSC	**09/01/2015**	ID Prefix **AZ815** Reg. # **408.809, 435.02(2), 435.06** LSC	**09/01/2015**	ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency				
Reviewed By CMS RO	Reviewed By [signature] HFES	Date: 9-1-15	Signature of Surveyor: [signature]	Date: 9-1-15

Followup to Survey Completed on:
6/29/2015

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

September 1, 2015

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted by desk review on September 1, 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 and Revisit Report

DT9D

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Fort Myers, FL 33901
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