STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968576	10/08/2015
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

An unannounced Relicensure and Limited Nursing Services survey was conducted on 10/7/15 and 10/8/15 at Inspired Living at Sarasota an assisted living facility in Sarasota, Florida.

No deficiencies were found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 27, 2015

Administrator
Inspired Living at Sarasota
1900 Phillippi Shores
Sarasota, Florida 34231

RE: Amended

Dear Administrator:

Enclosed you will find the Amended State (5000-3547) form showing the revision of the forms for a Relicensure survey that was completed for an Assisted Living Facility on 10/8/15. The change consisted of the addition of Limited Nursing Services to the initial comments.

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/arb
Enclosures: State (5000-3547) form