STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964952	R 11/19/2015
NAME OF PROVIDER OR SUPPLIER **ARDEN COURTS MANORCARE HEALTH**	STREET ADDRESS, CITY, STATE, ZIP CODE **5509 SWIFT ROAD** **SARASOTA, FL 34231**	

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

0000 Initial Comments

An unannounced revisit survey was conducted on 11/19/15 at Arden Courts Manorcare Health, an assisted living facility in Sarasota, Florida. This was a follow-up to the Biennial survey completed on 9/28/15 and 9/29/15.

All deficiencies have been corrected. No additional deficiencies were found at the time of the visit.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11964952	A. Building B. Wing	11/19/2015

Name of Facility	Street Address, City, State, Zip Code
ARDEN COURTS MANORCARE HEALTH	5509 SWIFT ROAD 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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0008** Reg. # **429.26(4-6) FS; 58A-5.0181** LSC	Correction Completed **10/08/2015**	ID Prefix **A0056** Reg. # **58A-5.0185(7) FAC** LSC	Correction Completed **10/08/2015**	ID Prefix **A0081** Reg. # **58A-5.0191(2) FAC** LSC	Correction Completed **10/08/2015**
ID Prefix **A0082** Reg. # **58A-5.0191(3) FAC** LSC	Correction Completed **10/08/2015**	ID Prefix **A0090** Reg. # **58A-5.0191(11) FAC** LSC	Correction Completed **10/08/2015**	ID Prefix **A0091** Reg. # **58A-5.0191(12) FAC** LSC	Correction Completed **10/08/2015**
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
		11-23-15	Ken Smith, HFE II	11-23-15
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on: 9/29/2015

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

November 23, 2015

Administrator
Arden Courts Manorcare Health
5509 Swift Road
Sarasota, FL 34231

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 19, 2015 by representatives 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 surveyors. 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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