

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/23/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964952	(X3) DATE SURVEY COMPLETED 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.

11/23/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11964952 (Y2) Multiple Construction A. Building B. Wing (Y3) Date of Revisit 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
	Correction Completed 10/08/2015		Correction Completed 10/08/2015		Correction Completed 10/08/2015
ID Prefix A0008		ID Prefix A0056		ID Prefix A0081	
Reg. # 429.26(4-6) FS: 58A-5.0181		Reg. # 58A-5.0185(7) FAC		Reg. # 58A-5.0191(2) FAC	
LSC		LSC		LSC	
	Correction Completed 10/08/2015		Correction Completed 10/08/2015		Correction Completed 10/08/2015
ID Prefix A0082		ID Prefix A0090		ID Prefix A0091	
Reg. # 58A-5.0191(3) FAC		Reg. # 58A-5.0191(11) FAC		Reg. # 58A-5.0191(12) FAC	
LSC		LSC		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	
	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
[Signature]
Reviewed By

Date: 11-23-15
Date:

Signature of Surveyor: *[Signature]*
Ken Smith, HFET
Signature of Surveyor:

Date: 11-23-15
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:

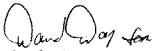
This letter reports the findings of a state licensure survey revisit conducted on November 19, 2015 by representatives of this office.

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

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