AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968971	**06/20/2016**
NAME OF PROVIDER OR SUPPLIER **DISCOVERY VILLAGE AT SARASOTA BAY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1414 W 69TH AVE** **BRADENTON, FL 34207**	

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

0000 Initial Comments

Assisted Living Facility

On June 20th 2016 a complaint Survey CCR #2016004439 was conducted at Discovery Village at Sarasota Bay Assisted Living Facility . Deficient practice was not identified at Discovery Village at Sarasota Bay Assisted Living Facility during the survey.
LIC: : 12798

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 1, 2016

Administrator
Discovery Village At Sarasota Bay LLC
1414 W 69th Ave
Bradenton, FL 34207

RE: CCR #2016004439

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 20, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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(s). Should you have any questions, please contact **Paul Brown,** HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Cauman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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