STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964619	R 10/22/2015
NAME OF PROVIDER OR SUPPLIER **BAY VILLAGE OF SARASOTA, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **8400 VAMO ROAD** **SARASOTA, FL 34231**	

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

0000 Initial Comments

This is an unannounced revisit to the Biennial and Limited Nursing Services (LNS) survey which was completed on 8/25/15 at Bay Village, an Assisted Living Facility in Sarasota, Florida.

This revisit was conducted on 10/22/15.

All deficiencies were cleared and no new deficiencies were found at the time of this revisit.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11964619

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
10/22/2015

Name of Facility
BAY VILLAGE OF SARASOTA, INC.

Street Address, City, State, Zip Code
8400 VAMO 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 **10/22/2015**	ID Prefix **A0052** Reg. # **58A-5.0185(3) FAC** LSC	Correction Completed **10/22/2015**	ID Prefix **AN277** Reg. # **58A-5.031(2) FAC** LSC	Correction Completed **10/22/2015**
ID Prefix **AN278** Reg. # **58A-5.031(3) FAC** LSC	Correction Completed **10/22/2015**	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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
Wendy

Date:
10-23-15

Signature of Surveyor:
Dan Tunstill, RN

Date:
10-23-15

Reviewed By CMS RO

Reviewed By

Date:

Signature of Surveyor:

Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 23, 2015

Administrator
Bay Village Of Sarasota, Inc.
8400 Vamo Road
Sarasota, FL 34231

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on October 22, 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 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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS:ec
Enclosure: State (5000-3547) Form

DT9D

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Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com