

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/23/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963950	(X3) DATE SURVEY COMPLETED 11/15/2016
NAME OF PROVIDER OR SUPPLIER BENEVA LAKES ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 743 S. BENEVA ROAD SARASOTA, FL 34232	

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

0000 Initial Comments

An unannounced Complaint Survey, CCR #2016012310 and CCR #2016011673, was conducted on 11/14/16 and 11/15/16 at Beneva Lakes Assisted Living Center an Assisted Living Facility (license #6563), in Sarasota, Florida.

There were four allegations. One of the four allegation was substantiated with no citation.

The facility received no citations as a result of this survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 23, 2016

Administrator
Beneva Lakes Assisted Living Center
743 S. Beneva Road
Sarasota, FL 34232

RE: CCR #2016011673 & CCR #2016012310

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 15, 2016 by representatives 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 surveyors. Should you have any questions, please contact this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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