

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/10/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943120	(X3) DATE SURVEY COMPLETED 01/04/2017
NAME OF PROVIDER OR SUPPLIER CROTON MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 2512 CROTON AVENUE SARASOTA, FL 34239	

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

0000 - Initial Comments

An unannounced change of ownership survey was conducted on 1/4/17 at Croton Manor, an assisted living facility (license #8427) in Sarasota, Florida.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 10, 2017

Administrator
Croton Manor
2512 Croton Avenue
Sarasota, FL 34239

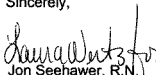
Dear Administrator:

This letter reports findings of a change of ownership survey that was conducted on January 4, 2017 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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 call 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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