

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965739	(X3) DATE SURVEY COMPLETED 01/17/2018
NAME OF PROVIDER OR SUPPLIER HERON CLUB AT PRESTANCIA (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 3749 SARASOTA SQUARE BLVD. SARASOTA, FL 34238	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for CCR #2018000803 was conducted in conjunction with the biennial survey on 1/16/18 through 1/17/18 at The Heron Club at Prestancia (license #10107) in Sarasota, Florida. The complaint contained 2 allegations, of which 2 were unsubstantiated. No deficiencies related to the complaint were found at the time of the visit.		