

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965739	(X3) DATE SURVEY COMPLETED 06/28/2018
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 #2018008480 was conducted on 6/28/18 at The Heron Club at Prestancia, an assisted living facility (license #10107) in Sarasota, Florida.

No deficiencies were found at the time of the visit.