

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 07/18/2018  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                   |                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11965739</b>                       | (X3) DATE SURVEY COMPLETED<br><br><b>R<br/>06/28/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>HERON CLUB AT PRESTANCIA<br/>(THE)</b>                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3749 SARASOTA SQUARE BLVD.<br/>SARASOTA, FL 34238</b> |                                                           |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                         |                                                                                                   |                                                           |
| <p><b>0000 - Initial Comments</b></p> <p>An unannounced second revisit survey was conducted on 6/28/18 at The Heron Club at Prestancia, an assisted living facility in Sarasota, Florida.</p> <p>This was a follow-up to the revisit survey completed on 4/16/18.</p> <p>The previous deficiencies were found corrected and no new deficiencies were found.</p> |                                                                                                   |                                                           |