

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/22/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964952	(X3) DATE SURVEY COMPLETED 01/15/2014
NAME OF PROVIDER OR SUPPLIER Arden Courts Manorcare Health	STREET ADDRESS, CITY, STATE, ZIP CODE 5509 Swift Road Sarasota, FL 34231	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-01/15/2014

0011-Admissions - Discharge-01/15/2014

0030-Resident Care - Rights & Facility Procedures-01/15/2014

On 1/15/14 a follow-up survey to a Complaint Survey, CCR# 2013010031 which was completed at Arden Courts Manorcare Health an Assisted Living Facility (ALF).

All previously cited deficiencies were found to be corrected. At the time of the survey no deficiencies were identified.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

0011-Admissions - Discharge 58A-5.0181(5) FAC

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 22, 2014

Administrator
Arden Courts Manorcare Health
5509 Swift Road
Sarasota, FL 34231

Dear Administrator:

This letter reports the findings of a Complaint survey revisit conducted on January 15, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

sh
Enclosure: State Form

