STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911216	**04/01/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bahia Oaks Lodge	**2186 Bahia Vista Street Sarasota, FL 34239**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-04/04/2014
0025-Resident Care - Supervision-04/04/2014
0030-Resident Care - Rights & Facility Procedures-04/04/2014
0052-Medication - Assistance With Self-Admin-04/04/2014
0054-Medication - Records-04/04/2014
0056-Medication - Labeling And Orders-04/04/2014
0081-Training - Staff In-Service-04/04/2014

These are the results of an unannounced follow-up survey conducted on 04/01/14 at Bahia Oaks Lodge, an Assisted Living Facility in Sarasota Floridia. The Facility was found to be in compliance and there were no citations as the result of this survey.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 9, 2014

Administrator
Bahia Oaks Lodge
2186 Bahia Vista Street
Sarasota, FL 34239

Dear Administrator:

This letter reports the findings of a biennial survey revisit conducted on April 1, 2014 by representative(s) 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(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW: ar
Enclosure State form

DT9D

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372