STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968685	**08/14/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Autumn Of Sarasota	**3251 Proctor Rd Sarasota, FL 34231**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An Initial licensure survey was conducted at Autumn of Sarasota, an Assisted Living Facility in Sarasota, Florida on 8/14/14.

The facility did not receive citations as a result of this survey. Recommend initial license.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 15, 2014

Administrator
Autumn Of Sarasota
3251 Proctor Rd
Sarasota, FL 34231

Dear Administrator:

This letter reports findings of an inital licensure survey that was conducted on August 14, 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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

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Enclosure: State Form

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