

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968685	(X3) DATE SURVEY COMPLETED 11/06/2014
NAME OF PROVIDER OR SUPPLIER Autumn Of Sarasota	STREET ADDRESS, CITY, STATE, ZIP CODE 3251 Proctor Rd Sarasota, FL 34231	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

These are the results of an unannounced Complaint Survey, CCR# 2014008936, conducted on 11/6/14 at Autumn of Sarasota, an Assisted Living Facility (ALF) in Sarasota, Florida.

There was one allegation which was substantiated without a deficiency cited.

There were not deficiencies cited during this survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 12, 2014

Administrator
Autumn Of Sarasota
3251 Proctor Rd
Sarasota, FL 34231

RE: CCR #2014008936

Dear Administrator:

This letter reports the findings of a complaint survey completed on November 6, 2014 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (239) 335-1315.

Sincerely,

Jon Seehawer
Acting Field Office Manager

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Enclosure: State Form

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