STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968685	**04/21/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Complaint Survey, CCR# 2015001180 and CCR# 2015000554 was conducted on 4/20/15 through 4/21/15 at Autumn of Sarasota, an Assisted Living Facility (ALF) in Sarasota, Florida.

CCR# 2015000554 had three allegations, two allegations were unsubstantiated and one allegation was substantiated without citation.

CCR# 2015001180 had three allegations that were found to be unsubstantiated.

No deficiencies were found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 29, 2015

Administrator
Autumn Of Sarasota
3251 Proctor Rd
Sarasota, FL 34231

RE: CCR #2015000554 & 2015001180

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 21, 2015 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, R.N.
Field Office Manager

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Enclosure: State Form

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