

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/19/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964934	(X3) DATE SURVEY COMPLETED 06/09/2015
NAME OF PROVIDER OR SUPPLIER CABOT RESERVE ON THE GREEN	STREET ADDRESS, CITY, STATE, ZIP CODE 4450 8TH STREET SARASOTA, FL 34232	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Extended Congregate Care (ECC) survey was conducted on 6/8/15 and 6/9/15 at Cabot Reserve on the Green, an Assisted Living Facility (ALF) located in Sarasota, Florida. No Congregate Care (ECC) deficiencies were found at the time of the visit.		



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

June 19, 2015

Administrator
Cabot Reserve On The Green
4450 8th Street
Sarasota, FL 34232

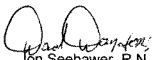
Dear Administrator:

This letter reports findings of an Extended Congregate Care survey that was completed on June 9, 2015 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,


Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

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