

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911216	(X3) DATE SURVEY COMPLETED 01/30/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE SRASOTA MIDTOWN	STREET ADDRESS, CITY, STATE, ZIP CODE 2186 BAHIA VISTA STREET SARASOTA, FL 34239	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced complaint survey for CCR# 2017000203 was conducted 1/30/17 at Brookdale Sarasota Midtown, an Assisted Living Facility (license #7099) in Sarasota, Florida.

The complaint contained 2 allegations, of which 1 was unsubstantiated and 1 was substantiated with no deficiency.

No deficiencies were found at the time of the visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

February 7, 2017

Administrator
Brookdale Sarasota Midtown
2186 Bahia Vista Street
Sarasota, FL 34239

RE: CCR #2017000203

Dear Administrator:

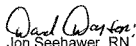
This letter reports the findings of a complaint survey completed on January 30, 2017 by a representative of this office.

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, RN
Field Office Manager

JS/arb
Enclosure: State (5000-3547) form

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