STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966172	R **02/08/2017**
NAME OF PROVIDER OR SUPPLIER **HIGHLANDS (THE) AT THE GLENRID**	STREET ADDRESS, CITY, STATE, ZIP CODE **7333 SCOTLAND WAY** **SARASOTA, FL 34238**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 2/8/17 for Highland at the Glenridge, an assisted living facility (license #10453) in Sarasota, Florida. The follow-up was in response to the Complaint survey for CCR#2016013823 which was completed 1/31/17.

Based on the facility's supporting documentation, the deficiency was corrected as of 2/8/17.