STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942812	R **02/15/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE DOWNTOWN SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **730 SOUTH OSPREY AVENUE** **SARASOTA, FL 34236**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 2/15/17 at Brookdale Downtown Sarasota, an assisted living facility (license #8261) in Sarasota, Florida. This was a follow-up to the relicensure survey completed on 12/23/16

The previous deficiencies were found corrected and no new deficiencies were identified.

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