STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953648	**02/27/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE SARASOTA CENTRAL**	STREET ADDRESS, CITY, STATE, ZIP CODE **4540 BEE RIDGE ROAD** **SARASOTA, FL 34233**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR# 2017001694 was conducted 2/27/17 at Brookdale Sarasota Central, an assisted living facility, (license # 5851) in Sarasota, Florida.

The complaint contained 1 allegation, which was substantiated without deficiency.

No deficiencies in reference to this complaint were found at the time of the visit.