

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963950	(X3) DATE SURVEY COMPLETED 03/06/2017
NAME OF PROVIDER OR SUPPLIER BENEVA LAKES ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 743 S. BENEVA ROAD SARASOTA, FL 34232	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced complaint survey for CCR 2016011301, was completed on 3/6/17 at Beneva Lakes Assisted Living (license#6563) an assisted living facility in Sarasota, Florida. No citations were issued as a result of this survey.		