STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968928	R **03/03/2017**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5311 PROCTOR RD** **SARASOTA, FL 34233**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 3/3/17 for Harborchase of Sarasota, an asssisted living facility (license number #11968928) in Sarasota, Florida. The follow-up was in response to the ECC monitoring survey which was conducted on 1/25/17.

Based on the facility's supporting documentation, the deficiency was corrected as of 3/3/17.