

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968928	(X3) DATE SURVEY COMPLETED R 05/15/2017
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 An unannounced revisit survey was conducted on 5/15/17 at Harborchase of Sarasota, an assisted living facility (license #12753) located in Sarasota, FL. This was a second follow-up to the complaint survey for CCR#2016009705 completed on 1/25/17. The previous deficiency was found corrected and no new deficiencies were identified concerning this survey.		