

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968693	(X3) DATE SURVEY COMPLETED 05/09/2017
NAME OF PROVIDER OR SUPPLIER LILY'S PROMISE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1958 ROLLING GREEN CIRCLE SARASOTA, FL 34240	

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

0000 - Initial Comments

An unannounced Limited Nursing Service monitoring survey was conducted 5/9/17 at Lily's Promise, an assisted living facility (license #12553) located in Sarasota, Florida.

No deficiencies were found at the time of the visit.