STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922273	**05/09/2017**
NAME OF PROVIDER OR SUPPLIER **SUNNYSIDE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **5201 BAHIA VISTA STREET** **SARASOTA, FL 34232**	

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

0000 - Initial Comments

An unannounced Limited Nursing Service monitoring survey was conducted on 5/9/17 at Sunnyside Manor, an assisted living facility (license # 7952) located in Sarasota, Florida.

No deficiencies were found at the time of the visit.