

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968576	(X3) DATE SURVEY COMPLETED R 05/03/2017
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING AT SARASOTA	STREET ADDRESS, CITY, STATE, ZIP CODE 1900 PHILLIPPI SHORES SARASOTA, FL 34231	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit survey was conducted on 5/3/17 at Inspired Living., an assisted living facility (license #12463) located in Sarasota, Florida. This is the follow up to a complaint survey for CCR# 2016013149 and CCR# 2017014399 completed on 2/1/17. The previous deficiencies were corrected and no new deficiencies were found at time of this revisit.		