STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953648	R **07/25/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SARASOTA CENTRAL	**4540 BEE RIDGE ROAD** **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 7/25/17 at Brookdale Sarasota Central, an assisted living facility (license # 5851) in Sarasota, Florida.

This was a follow-up to the bienniel survey completed on 2/27/17.

The previous deficiency was found corrected and no new deficiencies were identified.