STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911606	R **08/16/2017**
NAME OF PROVIDER OR SUPPLIER **PINES OF SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1251 NORTH ORANGE AVENUE** **SARASOTA, FL 34236**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 8/16/17 for the Pines of Sarasota, an assisted living facility (license #7450), in Sarasota, Florida. The follow-up was in response to the biennial survey which was conducted from 7/12/17 through 7/13/17.

Based on the facility's supporting documentation, the deficiencies were corrected as of 7/19/17.