STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969203	R **08/16/2017**
NAME OF PROVIDER OR SUPPLIER **GOCIO HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3781 GOCIO RD** **SARASOTA, FL 34235**	

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 Gocio Home, an assisted living facility in Sarasota Florida. The follow-up was in response to the initial licensure survey which was conducted on 6/1/17.

Based on the facility's documentation, the deficiency was corrected as of 8/16/17.

The facility modified its request from 6 beds to 5 beds due to construction and permit issues. Recommend licensure with a capicity of 5 beds.