STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969247	R **10/02/2017**
NAME OF PROVIDER OR SUPPLIER **SWEETWATER OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **2820 PAN AMERICAN BLVD** **NORTH PORT, FL 34287**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 10/2/17 at Sweetwater Oaks, an assisted living facility (license # pending) in North Port, Florida. This is a follow-up to the initial licensure survey which was completed on 8/9/17.

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

Recommend standard license for 10 beds as requested.