STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968576	R **10/11/2017**
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 10/11/17 at Inspired Living at Sarasota, an Assisted Living Facility (license #12463) in Sarasota, Florida.

This was a follow-up to the relicensure survey completed on 8/1/17.

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