

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/23/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968928	(X3) DATE SURVEY COMPLETED R 10/11/2017
NAME OF PROVIDER OR SUPPLIER HARBORCHASE OF SARASOTA	STREET ADDRESS, CITY, STATE, ZIP CODE 5311 PROCTOR RD 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 10/11/17 at Harborchase of Sarasota, an assisted living facility (license #12753) in Sarasota, Florida. This was a follow-up to the relicensure survey completed on 8/23/17. The previous deficiencies were found corrected and no new deficiencies were identified.		