

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942812	(X3) DATE SURVEY COMPLETED 11/20/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE DOWNTOWN SARASOTA	STREET ADDRESS, CITY, STATE, ZIP CODE 730 SOUTH OSPREY AVENUE SARASOTA, FL 34236	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced off year monitoring visit was conducted on 11/20/17 at Brookdale Downtown Sarasota, an assisted living facility (license #8261) in Sarasota, Florida. No deficiencies were found at the time of the monitoring visit.		