| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964619** | **11/21/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**BAY VILLAGE OF SARASOTA, INC.** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**8400 VAMO ROAD**<br>**SARASOTA, FL 34231** | |

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

**0000 - Initial Comments**

An unannounced relicensure and limited nursing services survey was conducted on 11/21/17 at Bay Village, an assisted living facility (license #9166) in Sarasota, Florida.

No deficiencies were found at the time of the visit.