

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963950	(X3) DATE SURVEY COMPLETED R 12/04/2017
NAME OF PROVIDER OR SUPPLIER BENEVA LAKES ASSISTED LIVING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 743 S. BENEVA ROAD SARASOTA, FL 34232	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 12/4/17 at Beneva Lakes Assisted Living Center, an assisted living facility (license #6563) in Sarasota, Florida.
This was a follow-up to the complaint survey completed on 10/24/17.

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