STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965335	R **12/05/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PALMER RANCH**	STREET ADDRESS, CITY, STATE, ZIP CODE **5111 PALMER RANCH PARKWAY** **SARASOTA, FL 34238**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 12/5/17 at Brookdale Palmer Ranch, an assisted living facility (license #9737) in Sarasota, Florida.

This was a follow-up to the complaint survey completed on 10/15/17.

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