STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953545	R **12/04/2017**
NAME OF PROVIDER OR SUPPLIER **SEA VIEW INN AT FOREST LAKES**	STREET ADDRESS, CITY, STATE, ZIP CODE **3548 SEA VIEW STREET** **SARASOTA, FL 34239**	

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 Sea View Inn At Forest Lakes, an assisted living facility (license #8290) in Sarasota, Florida.
This was a follow-up to the relicensure survey completed on 10/18/17.

The previous deficiencies were found corrected and no new deficiencies were identified at the time of the visit.