STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967856	R **12/06/2017**
NAME OF PROVIDER OR SUPPLIER **DESOTO PALMS ASSISTED LIVING COMMUNITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5601 N HONORE AVE** **SARASOTA, FL 34235**	

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

0000 - Initial Comments

An unannounced revisit survey was conducted on 12/6/17 at Desoto Palms Assisted Living Community, an assisted living facility (license #11835) in Sarasota, Florida.

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

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