STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911606	**12/18/2017**
NAME OF PROVIDER OR SUPPLIER **PINES OF SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1251 NORTH ORANGE AVENUE** **SARASOTA, FL 34236**	

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

0000 - Initial Comments

An unannounced change of ownership survey was conducted on at Pines of Sarasota, a assisted living facility (license #7450) in Sarasota, Florida.

The following is a description of the deficiency.

0003 - Licensure - Change of Ownership (CHOW) - 58A-5.014 FAC

Based on staff interview and record review, the assisted living facility did not provide notice to their residents of the change of ownership.

The findings included:

The facility received a provisional license for a change of ownership on . There was no documentation of a letter to the residents notifying them of the change of ownership.

On at 10:00 a.m., the Administrator said since they were just changing the letter after the name on the license from "INC" to "LLC" they did not provide this information to the residents. She said nothing else had changed including the contracts and staff so they did not tell the residents about this change.

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