STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965739	**12/13/2017**
NAME OF PROVIDER OR SUPPLIER **HERON CLUB AT PRESTANCIA (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **3749 SARASOTA SQUARE BLVD.** **SARASOTA, FL 34238**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR #2017010629 was conducted on 12/13/17 at The Heron Club at Prestancia, an assisted living facility (license #10107) in Sarasota, FL.

The complaint contained 2 allegations, of which 2 were unsubstantiated.

No deficiencies were found at the time of the visit.