STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911610	**12/27/2017**
NAME OF PROVIDER OR SUPPLIER **PLYMOUTH HARBOR, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 JOHN RINGLING BLVD** **SARASOTA, FL 34236**	

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

0000 - Initial Comments

An unannounced abbreviated re-licensure survey was conducted on 12/27/17 at Plymouth Harbor Inc., an assisted living facility (license #4692) in Sarasota, Florida.

No deficiencies were found at the time of the visit.