

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942812	(X3) DATE SURVEY COMPLETED R 07/10/2014
NAME OF PROVIDER OR SUPPLIER BROOKDALE DOWNTOWN SARASOTA	STREET ADDRESS, CITY, STATE, ZIP CODE 730 SOUTH OSPREY AVENUE SARASOTA, FL 34236	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments On 7/10/14 a follow-up to Complaint Survey, CCR# 2014002279 was completed at Horizon Bay Vibrant Ret Living. The deficiencies noted on the original survey were found to be corrected. At the time of the survey no deficiencies were identified related to this survey.		