STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911606	R **01/04/2018**
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

A follow-up by desk review was conducted on 1/4/17 for Pines of Sarasota, a assisted living facility (license #7450) in Sarasota, Florida. This follow-up was in response to the change of ownership survey which was conducted on 12/18/17.

Based on the facility's supporting documentation, the deficiency was corrected as of 12/28/17.