STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911610	**02/07/2018**
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 capacity increase and initial Extended Congregate Care survey was conducted on 2/7/18 at Plymouth Harbor, Inc., an assisted living facility (license #4692) in Sarasota, Florida.

No deficiencies were found at the time of the survey.

Recommend facility capicity increase and initial Extended Congregate Care license as requested.