| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11953679** | R<br>**02/09/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**SAVANNAH GRAND OF SARASOTA** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**7130 BENEVA ROAD**<br>**SARASOTA, FL 34238** | |

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

**0000 - Initial Comments**

A follow-up by desk review was conducted on 2/9/18 for Savannah Grand Of Sarasota, an assisted living facility (license #8636) in Sarasota, Florida. The follow-up was in response to the re-licensure survey which was completed on 1/23/18.

Based on the facility's supporting documentation, the deficiency was corrected as of 2/1/18.