STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911637	R **03/30/2018**
NAME OF PROVIDER OR SUPPLIER **LAKEHOUSE WEST**	STREET ADDRESS, CITY, STATE, ZIP CODE **3435 FOX RUN ROAD** **SARASOTA, FL 34231**	

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

0000 - Initial Comments

A follow-up by desk review was conducted on 3/30/18 for Lakehouse West, an assisted living facility (license #5850) in Sarasota, Florida. The follow-up was in response to the relicensure survey which was conducted on 2/21/18.

Based on the facility's supporting documentation, the deficiency was corrected as of 3/30/18.