STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968928	**03/26/2018**
NAME OF PROVIDER OR SUPPLIER **HARBORCHASE OF SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5311 PROCTOR RD** **SARASOTA, FL 34233**	

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

0000 - Initial Comments

An unannounced off hours complaint survey for CCR #2018000185 and CCR #2018002967 was conducted on 3/26/18, starting at 5:30 a.m., at Harborchase of Sarasota, an assisted nursing facility (license #12753) in Sarasota, Florida.

No deficiencies were found at the time of the visit.