STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969303	R **05/09/2018**
NAME OF PROVIDER OR SUPPLIER **POET'S WALK SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5851 N HONORE AVE** **SARASOTA, FL 34231**	

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

0000 - Initial Comments

A desk review of submitted materials was completed on 5/9/18 for Poet's Walk Sarasota, an assisted living facility (license number pending) in Sarasota, Florida. The follow-up was in response to the initial survey completed on 4/17/18.

Based on the facility's plan of correction and supporting documentation, the deficiencies were corrected as of 5/9/18. Poet's Walk Sarasota is recommended for a Standard license with Limited Nursing Services for a capacity of 68 effective 5/9/18.