STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963950	**05/09/2018**
NAME OF PROVIDER OR SUPPLIER **BENEVA LAKES ASSISTED LIVING CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **743 S. BENEVA ROAD** **SARASOTA, FL 34232**	

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

0000 - Initial Comments

An unannounced complaint survey for CCR#s 2018001959 and 2018002561 was conducted on 5/9/18 at Beneva Lakes Assisted Living Center, an assisted living facility (license #6563) in Sarasota, Florida.

No deficiencies were found at the time of the visit.