STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911906	R **06/14/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE DEER CREEK SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **8450 MCINTOSH ROAD** **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 6/14/18 at Brookdale Deer Creek Sarasota, an assisted living facility (license # 5856) in Sarasota, Florida.

The follow-up was in response to the Limited Nursing Service (LNS) survey which was conducted on 4/25/18.

Based on the facility's supporting documentation, the deficiency was corrected as of 6/14/18.